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THE SAINT LOUIS MEDICAL & SURGICAL JOURNAL.

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Original Contributions.

ARTICLE I.

GERM ACTION*. By HIRAM CHRISTOPHER, A. M., M. D., Professor of Chemistry in the St. Joseph Medical College, St. Joseph, Mo.

[CONCLUDED.]

The animal organism has but one parasite that proves destructive, and its *modus operandi* is essentially the same as fungi in blight. Trichinæ seem to destroy by excess of numbers, which consume substance and destroy function by their great accumulation in the body. They are not necessarily destructive, since they do not destroy the hog which seems to be their natural habitat. These organisms feed on normal fluids and migrate to different parts of the body. Tissues or organs do not interpose any barriers to their progress. They may be regarded as destroying by the irritation they produce, and by the excretions they throw out, but mostly by the former through the greatness of their number. Micro-organisms, however, are not parasites, and hence their action can not be parasitic. They are rather analogous to another class of organisms, that which includes lichens and fungi. These are neither parasites nor epiphytes, though classed with the former. As respects their manner of growing, they do not differ from plants that grow in soil. The substances on which they are found supply them with their pabulum. These substances are all organic. The lichens and fungi on the bark of trees long dead, and on their leaves fallen in the autumn, find this organic substance a proper pabulum. Their germs or spores, falling there, find a stratum softened and dissolved, and fixing themselves in this dissolved matter, as the seed of higher plants do in the soil, they imbibe the dissolved pabulum, germinate, and develope to maturity. This organic matter supplies nutriment for all their tissues, and contains both nitrogenous and non-nitrogenous

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compounds, substances already in a state fitted for appropriation by the living cells of the growing organism. Micro-organisms are like these in having their food prepared for their use by physical agents; and their manner of germination and growth are precisely the same in all essential particulars.

As proof of this statement, let us take some of the bark and leaves on which lichens and fungi are found growing, and put the fragments in distilled water, and set the vessel aside. At the end of a week, the water will be found colored and somewhat cloudy. Place a drop of this water under your glass, and you will see numerous and very active organisms. They are unlike anything that you have ever seen before. They are of different sizes, those that are visible; and some are yet invisible under the highest powers. They were not to be seen when the organic matter was placed in the water, nor for sometime after; yet appearing in the end, their germs must have been present at the begining. These germs have found in the water a suitable pabulum, and the temperature also being adapted to their vitality, they have developed to mature organisms, by simple imbibition and nutritive assimilation. In a like manner the spores of lichen and fungi find in the organic matter on which they fall, no matter whether it be on the bark and leaves of trees, on stones or other substances, they find in all these places sufficient pabulum for imbibition and nutrition, and grow and mature. In all these cases it must be observed that these organisms feed on organic matter that has no connection with a living substances as have the tissues of live organisms, as is the case with parasites of every kind. The germs of all these are wholly or partially naked, and hence depend on pabulum that is without their organism from the begining to the end of the life of the matured being.

These germs are the supposed cause of all the septicism that is observed in man or beast. As germs, they are always abundant in the air; as organisms, in all places where the essential conditions of germination exist. They are never found in living organisms whose functions are all normal. In cavities of organisms, where only excretions are found,—cavities which are virtually external to the organism—micro-organisms are oftentimes found, and in the alimentary canal and vagina, almost, if not quite, always; In the lungs but rarely. Yet their germs must always exist in the lungs and blood in as much as they are always in the air, and must go where the air goes. They must, however,

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be carried out again in the various excretions and expired gases. At every inspiration and expiration is this influx and efflux of germs going on, and throughout life; and yet we are not devoured by worms as was Herod of old. And why? The question is not idle or impertinent. If these germs had the nature and power of parasites, then, indeed, we might suffer such a result; but if that were the case, life could not exist on the earth. They have not the nature and power of parasites. The vital force active in living organisms resists their action and preserves its work free from its results. As respects these germs, the vital force is thoroughly antiseptic; but in parts where it has ceased to excit its power, there organic matter is capable of being attacked and consumed by these germs. In this way we may explain internal abscesses, or other conditions of tissues regarded as decompositions of organic fabric.

But in such cases as these, diseased action must first bring the normal tissue into an abnormal state, so that it may be susceptible of germ action. When, therefore, we find organisms in the lungs, for instance, the tubercular diathesis or other form of diseased action has rendered the fluids of these minute cavities abnormal, and hence susceptible of germ action. They appear in the lungs when disease has prepared their food. They appear there under the same conditions precisely as they appear elsewhere out of the body. In the early part of last December, I placed some woody fungus and leaves in filtered rainwater, and after some ten days, examined it for organisms. I was no little surprised to find a great number of bacilli in it. I have seen like organisms in infusions of other vegetable substances; but in all cases under essentially the same conditions. In the case of bacilli in the lungs, they are from the atmosphere in the form of germs. They mature in the fluids prepared by the diseased action resulting from the tubercular diathesis; they find it already properly prepared for assimilation, and hence develop there as in the infusion of leaves and pieces of fungus. They can not create the condition of the organ under which the fluids were rendered abnormal; nor by their presence effect such a result. They can have no connection with the disease as a genetic cause, nor a like connections with even the fluids which they find adapted to their nutrition. Hence, the only relation which bacilli or bacteria can have with diseased action of any kind is that of a *cum hoc* or *post hoc*, and not a *propter hoc*,—an effect, but not a cause of disease.

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This conclusion respecting the relation that exists between diseases and the development of micro-organisms we here limit to those diseases that affect the fluids that are thrown out on external surfaces, and which are consequently abnormal, and adapted to the wants of these organisms. As respects such cases, the conclusion is incontrovertible. Now, in case of the so-called septic diseases, we are taught to suppose that these arise from the absorption of the organisms formed in the fluids that bathe the surface of the part where the absorption takes place. Germinating and growing in the fluids on the surface, they are drawn into the body by absorption, and produce that condition of the blood called septicæmia. There is no need of supposing that these organisms are absorbed as germs; for these enter the body continually through the lungs and the fluids we drink. It can not, therefore, be germs that, entering the body by absorption, produce a septic condition of the blood. Are they, then, absorbed as organisms? This can be determined only by finding the organisms in the fluids beyond the absorbents: This has never been done; and what we know of these organisms does not favor the hypothesis that they are absorbed, or, if absorbed, that they could live in fluids that are normal. If, however, they should be absorbed and find abnormal fluids within the body, the same result would follow their presence within as without. In such a case the abnormal condition of the fluids would not be produced by them, and if this condition should be what is supposed to be septicism, then this must be ascribed to diseased action and not to micro-organisms, since it existed before they were absorbed.

As germs are more tenaceous of life than are their organisms, and as the former are continually carried into the body, it is reasonable to suppose that, as germs do not develop in normal conditions of the body, neither will their matured organisms; so that as germs do not, we are justified in believing that organisms do not feed on the fluids of the body, and, as parasites, produced an abnormal condition of the blood. If the vital force can and does resist the development of the inhaled germs, it certainly can and would resist the action of their matured organisms. Even though they be absorbed we have no evidence that they would produce that condition of the blood called septicæmia.

There is much yet to be learned of the nature and causes of diseased action. A man has a sore on his finger, which gives him no special discomfort; yet in the course of its progress toward

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healing, he suddenly feels a pain along the hand and forearm, and on looking closely he find a reddish streak accompanying a vein. We call it phlebitis, and suppose its cause to be the absorption of some disorganized matter from the sore. In dissection, a finger is pricked, and, passing unnoticed, in 24 to 48 hours pain is felt along the arm, fever sets in, the limb swells, some glands enlarge, and the man is decidedly ailing. What is the matter with him? What is the cause of all these phenomena? We say that the poison of a cadaver, being absorbed, is the cause of all the morbid symptoms. Both such instances are well known to every physician, yet none of us know, really, anything about the cause and the mode of its action. Here are fields for profitable investigation, not for hasty assumptions. Remembering that organic matter is just as stable, as respects composition, as is inorganic, and that only external forces or agents can effect its decomposition, be these what they may, we should have some knowledge of the cause and nature of the changes that takes place in tissues after death, before we can affirm what is the source and nature of the poisons, and whether they are poisonous to the living cells, or to the tissues adjacent to the morbid action. But as changes in the tissues occur only on the action of micro-organisms we must look for the poisonous substance in the excrementitious products of these agents. It is not improbable, nor unreasonable, to supposed that such substances may be produced by these minute organisms, and that these being absorbed, produced the phenomena mentioned. We know that urea, which is such a product, will poison the body and destroy life. All the poisons, indeed, both of animals and plants, are the products of cell action. Alike origin must be supposed for the poison of the cadaver and diseased action, since organic matter is not otherwise produced or decomposed. The morbific agents of the specific and contagious diseases are equally unknown; yet, on general principles, and in the absence of all positive knowledge on the subject, we must assign them a like origin. Certain pretty well established facts oblige such a conclusion. We shall, very probably, never be able to determine the nature and origin of these agents, otherwise than on the principle of exclusion. These agents produce a most singular effect on the organism, and so change its vital susceptibility as to render it practically impregnable to a second attack. How this is has not been determined; but until the nature and origin of these causes are known, it is assumption to say that they

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are germs. We may regard such substances as poisonous, and as generated in the living organism in which they are found; poisons *de novo* and *ab initio*. This is certainly true of the poisonous alkaloids of plants and the poisonous fluids of animals. These certainly do not contain germs which act as the true causes of the diseased phenomena. Rabies canina is doubtless of idiopathic origin; but the diseased action produces a condition of the saliva which will transplant the disease to another individual. It is probable that other secretions of the dog may have the same effect, and if so, this will show that the cause of the changed secretion is more than local,—that the poisonous saliva is a product of vital action in living cells. So of all organic poisons. We have, therefore, in these facts an index to the nature of the causes of disease found in organic substances. But these substances are not living germs, but non-living products of organisms, the analogues of germs. Hence, as the living germs of complex organisms can and do produce poisonous products, it is not unreasonble to suppose that micro-organisms may also excrete poisonous substances, organic and inorganic. Here, to be sure, we are in the field of conjecture, but one based on analogies. We have no reliable experiments to enlighten our way as respects the products of micro-organisms beyond those that relate to fermentation and putrefaction; yet even in these cases, we have enough to justify rational inferences and these inferences all point in one direction, and do not warrant the assumption that any form or kind of disease is produced by the germs of micro-organisms.

ARTICLE II.

WHEN IS THE PROPER TIME TO INSTITUTE SPECIFIC TREATMENT IN SYPHILIS.* By A. H. OHMANN-DUMESNIL, A. M., M. D., Professor of Skin Diseases and Syphilis in the St. Louis College of Physicians and Surgeons.

The conscientious physician who is called upon to treat a case of syphilis is always anxious to give his patient the benefit of

* Read before the Southern Illinois Medical Association, June 18th, 1885.

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any doubt that may exist, and not only this but he is also solicitous to see that his patient gets the full benefit of the treatment instituted. As an introductory to the subject to be considered it may be premised that the certainty of diagnosis of the initial lesion is, as a rule, inversely proportional to a complete knowledge of the subject. The merest beginner in medicine will unhesitatingly pronounce a diagnosis where the experienced specialist will hesitate. The one appreciates but a very few out of a number of possible complex symptoms, all of which are quickly recognized by the other. The consequence of this is that the new beginner frequently makes mistakes and so often covers them by greater ones that it becomes a very difficult matter to arrive at a just conclusion later one.

The proper time to begin the treatment of syphilis, or what is generally called the constitutional treatment, is when the so-called secondary symptoms make their appearance. This is not only more rational, but it is safer, more thorough and it is the only method by which the patient is given the full benefit of any doubt that may exist.

All are doubtless aware of the fact that the chancre or initial sclerosis is that sign which first appears to show that syphilis has invaded the economy. We will not discuss here the question as to whether it is a local manifestation purely, or a symptom of general infection. The numerous experiments made to entirely destroy this lesion by cauterization, excision, etc., have failed to avert further manifestations and we feel justified in regarding it as a local symptom of a general infection. Now, if this lesion possesses all of the characteristics of the typical chancre of syphilis, there is but little difficulty in recognizing it. If, on the contrary, it exists in an unusual locality or has developed in an abnormal form it will not be so readily recognized. Again, a purely local venereal sore may present many qualities similar to those of the infecting chancre and in such a case we will have some difficulty in appreciating the situation. It is not every one who can recognize or rather differentiate induration from circumscribed inflammatory infiltration and a supposed indurated chancre may turn out to be but an infiltrated chancroid or vice versa. The mere fact that a venereal sore is suppurating is no proof that it is non-syphilitic as the chancre when irritated will become inflamed and pus will follow, as a natural consequence. When the chancre occurs on a mucous surface it frequently never has an

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indurated base or it is one in which the characteristic hardening is so slight that it escapes attention. The time of incubation, so often relied upon in making a diagnosis, very frequently cannot be depended upon, especially if the subject has been indulging in promiscuous intercourse, a condition which also greatly militates against diagnosis by confrontation. When we consider all these points in connection with the diagnosis of the initial lesion, it becomes apparent that the question of giving the patient the benefit of the doubt is an important one.

Whether the diagnosis be positive or doubtful the treatment remains the same. If the chancre be non-infecting and has been diagnosed as infecting, simple detergent measures and internal tonic treatment will not have any tendency to retard cure. On the contrary, you are placing your patient under the best possible conditions to ensure rapid granulation and cicatrization of the ulcer. Should it, however, be an infecting chancre, whether recognized as such *ab initio* or not, the same treatment will be proper. The chancre will heal spontaneously in any case and detergent measures are our mainstay now in surgical procedures and always in order. The simple tonic treatment has the effect of counteracting the anæmia and debility which always accompany syphilis and besides places the patient in the best possible condition for the siege he is about to undergo. Then, when the secondary lesions appear, the specific tonic treatment, the mercurial, is in order and should be pushed vigorously.

The question will be asked, "Why not give mercurials immediately and avert the appearance of the secondary symptoms? Or why not give it in doubtful cases?" To the first we will answer that there are several reasons. In the first place mercurials given immediately after the appearance of the chancre do not prevent the appearance of secondary symptoms, they merely delay them, even should the patient faithfully take his medicine. In the second place the patient will take the remedies ordered, but for a short time, as he will regard himself cured, never having observed anything beyond the primary sclerosis. He will later on, after a greater or less interval of time, have relapses which will often be difficult to control. In doubtful cases you place a patient under treatment who perhaps never had syphilis. He is not certain of it nor is his physician and he may be informed later on by some one else that if he had syphilis it may reappear at any time; if he has not had it, it will not. Try to

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imagine the mental state this would bring about in a sensitive person. It is giving the benefit of the doubt with a vengeance. If, as is advocated in this paper, you wait until the appearance of secondary symptoms and the patient observes them, he will be impressed with the importance of the disease with which he is afflicted. He will more readily observe the directions of his physician and he will have more faith in him, as he sees those lesions disappear under appropriate treatment. Again, if no secondary symptoms appear within a certain limited time the patient can be assured that his disease was purely local, that he is still untainted and he may be sent on his way rejoicing that he has escaped a disease regarded with such horror by the majority of humanity.

Is there not time lost in delaying specific treatment until the appearance of the secondary symptoms? By no means. The patient, properly instructed, will discover the first erythematous blush or roseola and will be quick to see that it is properly cared for; this will rapidly disappear under appropriate treatment and he will in the interim have gained strength and greater power to resist not only the effects of the disease, but any untoward effects the medicines might exert. Besides this, a certainty of the existence of the disease is established.

These are but a few of the numerous reasons adduced for this method of treatment; it would require more time and space than your patience would permit to go fully into the subject. Cases have not been brought forward in support of the views advocated as very few men are in a position to show a sufficient number to carry conviction. Fournier, of Paris, one of the best living authorities on syphilology, has treated thousands of cases of syphilis in the institution which furnishes the largest number of any in the world, my hearers will readily recognize that I refer to l' Hôpital St. Louis. The result of his observations through a series of many years is such as I have given and it was not arrived at hastily, but is the fruit of years of labor and thought. In fact, the majority of advanced syphilographers are now agreed that such is the proper course to pursue. In comparison my own few cases, of course, pale into insignificance; yet, it is always gratifying to us to be able to confirm personally the experiments of others and I can heartily testify to the success which attends this method of treatment. And I have yet to see the first patient who has ever objected to the few weeks he was compelled to

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wait in order that he might have proof positive of the presence or absence of syphilis.

Nothing has been said of specific treatment as it is a subject too vast to embrace within the limits of a short paper. Nor has any reference been made to various special forms of the initial lesion where special treatment, local and general, is sometimes indicated. The aim has been rather to call attention to a subject which seems, as yet, to be but little appreciated by the general practitioner who very often has but rare opportunities of observing cases of syphilis from their inception.

ARTICLE III.

MYDRIASIS.* By WM. DICKINSON, M. D., of St. Louis, Mo.

All vital phenomena of a motor character are produced through the agency of muscular fibres; a truth, of which the pupil of the eye in all its varying conditions, apparently spontaneous, is an illustration. The agencies producing contraction of the pupil are in character of two kinds, reflex and voluntary: reflex, due to stimulus of incident light upon the retina; voluntary, manifested during the accommodative act. The muscular fibres, which determine the diameter of the pupil, are arranged in two distinct series, one circularly around and near the margin of the pupil; the other in a direction radial to the former and extending towards the circumference of the iris. The former acts as a sphincter producing contraction; while the latter produces dilatation. The action of these muscles is, therefore, antagonistic to each other, stimulated in a reflex manner by the action of light upon the retina; and their function, by due alternate contraction and relaxation, is to adjust the diameter of the pupil, inversely to the intensity of light to which the eye is exposed: (*i. e.*) the greater the intensity, the smaller the pupil, the converse holding equally true. The iris, with the pupil varying in diameter and thus graduating the amount of light transmitted requisite for distinct vision, is, therefore, an organ of defence; situated at the

* Read before the St. Louis Medical Society, May 23rd, 1885.

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very vestibule of the mechanism of vision, protecting the exceedingly delicate structures of the retina from floods of light, that otherwise might prove of serious detriment.

The nerves, by which the several constituents of the iris receive their special endowments, are derived from the ciliary ganglion. This ganglion is situated in the orbit small in size but highly complex in composition. It derives its motor elements from the *third* cranial nerve, from the sympathetic at the cavernous plexus, and from the cilio-spinal tract: (a discovery made by Budge) and its sensitive elements from the *fifth* cranial nerve. The contingent to the ciliary ganglion, furnished by the third cranial nerve, is destined to the circular (sphincter) fibres of the iris (and to the ciliary muscle also), while that of the sympathetic and the cilio-spinal are distributed to the radial muscular fibres: the former, when stimulated, producing contraction; the latter, dilatation of the pupil.

It is customary to speak of a muscle as being paralysed, while, says Bastian, "almost without exception disordered motility is due primarily to some defective or abnormal action of the nerve centre, or of the nerves in relation with the muscles implicated, rather than to any primitive disease of the muscles themselves." we shall, however, continue to employ the terms in their commonly accepted signification.

Paresis or paralysis of the muscles under consideration, therefore signifies paresis or paralysis of the third cranial or of the sympathetic nerve: the former giving rise to dilatation of the pupil, mydriasis: the latter to myosis, contraction of the pupil. Spasm of the radial muscular fibres in the iris from irritation of the sympathetic nerve or of the cilio-spinal centres, acting with sufficient energy to overcome that of the circular muscular fibres, produces the same result; while pressure upon or destruction of the same produces contraction of the pupil.

Ferrier states: A stimulation of the 1st frontal convolution and extending slightly into the 2nd, besides other phenomena, is followed by elevation of the lid and dilatation of the pupil. A recent author states that a centre exists in the nates of the corpora quadrigemina, which contracts the pupil.

Mydriasis is therefore a phenomenon resulting from the paralysis of the nervous fibrillæ from the ciliary ganglion which are derived from the 3rd cranial nerve, or from hyper-stimulation of the sympathetic nerve. It is but a symptom of disease, and its

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significance and importance must obviously depend upon the nature of the producing cause. It is generally associated with other symptoms, though it may exist alone or without the presence of other obvious symptoms.

In respect to causes, it can sometimes be attributed to those that are direct and well known; often, these are apparently wholly wanting. Such cases must be referred to causes remote both in situation and in function through reflex action. But like, all other effects, this is the product and manifestation of an efficient and adequate cause. Still, not unfrequently, after the most patient and intense legitimate scrutiny we cannot penetrate to the cause in a degree satisfactorily to ourselves, and are constrained to refer the existing mydriasis to causes problematical or even conjectural. Though the integrity of the globe is not often immediately threatened by causes producing mydriasis, it is worthy our best efforts to discover the immediate cause. Being an affection usually involving one eye only, unless due to grave and extensive intra-cranial lesion, mydriasis seriously interferes with useful bilateral vision, on account of the difference in the brilliancy of the two retinal images, and the presence of circles of diffusion. In this affection the ciliary muscle is not generally implicated.

The causes may be arranged in two general classes. viz. Direct and Remote: the first palpable or demonstrable, the latter probable or possible.

To the first class, the "Direct," belong all forms of traumatism *e. g.* a blow upon the eye, a ball or other missile thrown or impringing upon it: the effects of a fall upon the head, producing intra-cranial effusion and, thereby, pressure upon those fibrillæ of the 3rd cranial nerve whose ultimate destination is the circular muscular fibres of the iris.

In this category I include the specific influence of certain medicinal agents, instilled into the palpebral fissure or taken into the stomach, and paralysing the sphincter muscle, (*e. g.*) Belladonna, Stramonium, Hyosciamus, Duboisia, etc., or their alkaloids, known as mydriatics: also Conium or Gelseminum, when for a long time internally administered.

It is occasioned by that aggregation of causes which produces or constitutes glaucoma, being a concomitant symptom of it: the abnormal intra-ocular tension producing pressure upon the ciliary nerves situated between the sclera and choroid in transit to

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the iris; again pressure upon the ciliary ganglion or the ciliary nerves from orbital tumors: also, the access of a deluge of strong light, natural or artificial, upon the retina: mydriasis is sometimes seen during attacks of epilepsy: in cases of helminthiasis: of syncope and of general debility: those also usually denominated rheumatic, from exposure to cold and wet.

The "Remote" causes are numerous and present widely different degrees of certitude or of probability, mydriasis having been observed associated with them, *e. g.* softening of the cerebral ganglion or hæmorrhage into its substance, cerebral meningitis, and gummata of syphilitic origin;* lesion of the cerebral substance, aneurism of the internal caroted artery at its termination in the cranium; irritation of the cervical sympathetic nerve or of the cilio-spinal tract, spinal sclerosis, uterine derangements, ovarian or intestinal irritation; phymosis, masturbation, excessive venery, diphtheria: Mydriasis has been observed as one of the prodromata of insanity, especially of ambitious Monomania: also as an accompaniment of chorea, in cases of poisoning from lead, and also from coal gas.

It has been observed in diseases of the cerebellum, in hydrocephalus, in hydrophobia: in disease of the upper dorsal vertebræ: and during a vigor, it then partaking of a spastic character: incised and lacerated wounds of the brow or temple: in herpes frontalis, and it is also an accompaiment of hemicrania.

In cretias mydriasis often exists and generally associated with strabismus.

CASES:

"RHEUMATIC" MYDRIASIS (SO TERMED).

Miss W.——21 yrs. unmarried. Mydriasis supervened two weeks since, after a days work engaged in washing. Being very warm took a sponge bath of cold water and putting on a loose wrapper lay down in a draught of air and took a nap. At evening of the same day became almost blind in left eye. Catamenia had regularly returned the week previous. Pupil now widely dilated, with constant pain over the eye: vision not improved by looking through a perforated card, ocular conjunctiva quite insensible, dioptric media and fundus normal. Treatment consisted of cathartics, mercurials, alteratives, blisters, and the use of

* Von Graefe thinks that about one-third of all cases of paralysis of the 3rd cranial nerve are due to this cause (syphilis).

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galvanism. In six weeks the mydriasis to a good degree had disappeared. I have heard she ultimately entirely recovered.

BLOW.

Mrs. B.—30 yrs. In act of opening a bottle of ginger ale, the cork was violently projected against R. eye, causing great pain and almost total annihilation of vision. She came to me a few hours after, then barely able to discern the form of the hand The integrity of the globe was preserved; but the conjunctiva was much congested, and blood effused into both aqueous and vitreous chambers. Pupil was dilated, but no details of the fundus could be detected. Treatment consisted of cathartics, leeches along border of lower lid and external canthus, atropia and cold applications. In a few days pain and congestion subsided, and the effused blood in the ocular chambers was absorbed, but pupil remained considerably dilated. I therefore used eserine, to which the pupil sluggishly responded. Three weeks later vision of about $\frac{1}{14}$ regained: objects appeared in a mist: no glass of benefit.

Mr. L.—While chipping iron, a fragment as large as the end of a finger was projected against the right eye, causing intense pain and iritis. When seen three months later, cornea was normal, pupil widely dilated and lenticular cataract was well developed; tension not increased. Perception of light with the eye good and to such degree as to afford evidence that the functions of the retina and choroid were not seriously impaired. No treatment given, nor prospect of improvement except in extraction of the cataract, to which he did not submit.

STRONG LIGHT.

Master C.—8 yrs. His mother had noticed that he frequently stumbled while in the street and sometimes fell down, and when reproved said "he could not see good." His teacher had also observed that his vision was impaired, from the efforts made to see. Four days before he was presented to me he complained very much of his inability to see and on the next day could scarcely see even large objects, and had quite severe pain in his eyes and forehead.

The fact was then ascertained that he had indulged in the pernicious practice of vieing with other boys in looking at the bright sun the longest. When I first saw him, in walk, attitude and appearance he resembled a confirmed amaurotic, having the staring, vacant look, widely dilated pupils, etc. Treatment con-

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sisted in active purgation, leeches, dry cupping, pediluvia, cold to eyes and enjoined to remain in a darkened room. Under this regimen he made a good recovery.

BRIGHT LIGHT.

Mr. R.—engaged in foundry business for four years and necessitated to look at molten iron: vision of left eye impaired, and pain in and around it, with pupil widely dilated. Did not come under treatment.

FROM OVARIAN IRRITATION.

Miss L.—20, unmarried. Mydriasis of right pupil. Supervened during the catamenial flow: no pain or other obvious complications. A brisk cathartic and the instillation of eserine were followed speedily by the restoration of the pupil to the normal size.

OVARIAN.

Miss W.—30 yrs. unmarried. Mydrasis came on suddenly today while in the act of reading, first in one eye and soon after in the other. Catamenia, irregular, has been suppressed for several weeks. The use of Sitz baths, aloetic purges and eserine was followed by the prompt disappearance of the mydriasis. It is worthy of observation that in this case both eyes were involved; a condition which is an anomaly in the affection, one eye only being affected. Demours states. he never had seen mydriasis in both eyes.

OVARIAN.

Miss R.—17 years. Catamenial function established only 5 mos. before presentation: was regular at first for 3 or 4 mos., and then without obvious cause suppressed. Mydriasis was the cause for which I was specially consulted. A similar course was pursued as in the case last mentioned and with the same result.

SYPHILITIC.

Mr. K.—28 yrs. Mydriasis of right pupil of 3 weeks standing. Had sore on penis 3 years since: for the cure of which he took much medicine. Vision of right eye soon after began to fail, accompanied by ocular spectra. Had headache, soreness of scalp, especially increased after sexual intercourse. Three weeks since drank four or five glasses of beer during the evening and next morning discovered he could not see to read. Vision of left also much impaired. Ophthalmoscope detects atrophy of both optic nerves. has used tobacco excessively. He did not come under treatment.

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Mr. G.—28. Locomotive engineer. Observed two and a half years since the vision of the left eye was impaired, photophobia in bright light. Had syphilis five years since, for which he was under treatment for ten months. Became aware of mydriasis three months since; it may have existed for a longer period—vision $\frac{1}{20}$, through a perforated card $\frac{1}{4}$: that of right normal. Treated by pilocarpine and eserine; pot. iod.: hydg. bichlor. and galvanism: this was followed by very considerable improvement but not entire cure.

Mr. H.—32 yrs. Book keeper. Had syphilis ten years since, and treated for three or four weeks and considered himself cured. Observed, however, that the pupil of the left eye was dilated, attention having been first called to it by a friend. Five days since the left upper lid inclined to droop which later increased till now it interferes with vision, and even when the lid is raised by the finger, cannot see as distinctly as with the right. The lid now covers more than one third of the cornea and pupil dilated to a size four times the diameter of the right: vision only one-fifth but with a connex glass of ten inches focus can read even No.1. When first seen the other muscles of the eye were intact; but in a few days all the ocular muscles supplied by the *third* cranial nerve became paretic, and of course strabismus divergens was present. Under the use of the agents employed in others above, all the symptoms disappeared except the original mydriasis, which persisted to a considerable degree, though much diminished.

I attribute this case and its symptoms to the existence of syphilitic gummata situated within the cranium.

PHYMOSIS.

Master V.—12 yrs. Four months since the pupil of right eye was first observed to be dilated. Has been treated by two physicians without improvement: is now very weak, pallid and languid, easily fatigued by slight exercise. Left eye amblyopic, probably congenital papilla atrophic: papilla and fundus of right are normal; pupil quite widely dilated, yet can read ordinary print through convex glass of thirty inches focus. Says he has never masturbated: corrected the phymosis and gave Hydg. Iod. and Iron and instilled eserine, used also galvanism: under this treatment, general health and strength much improved. This was re-inforced by counter-irritation over the cilio-spinal tract. Treatment was based upon the diagnosis

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that the mydriasis was spastic in character from reflex irritation of the tract designated. He and his parents are convinced of improvement though some degree of mydriasis still exists.

Frequently cases of mydriasis occur in which the causes are less palpable than those related.

Mrs. R.—30 yrs. of large and symmetrical figure in whom all functions were perfectly performed, consulted me for this affection, and for which she could assign no cause and after the most explicit inquiry I could not form a diagnosis entirely satisfactory to myself. It may have been due to that class of cases very vaguely turned rheumatic, as in the first case related. At all events the use of alteratives, eserine and galvanism was followed by restoration of the pupil to its normal size and function.

The case of Mr. C., a clerk in a dry goods store, was of a similar character, unable to assign for it an intelligible cause but which was cured by the employment of cathartics and antacids.

TREATMENT.

A due appreciation of the relation of the observed effects to the real or alleged efficient cause is the prime pre-requisite to all successful treatment. If the real cause is known or duly apprehended, intelligent treatment will be easy, though from the nature of the cause it may not be successful. Cases of trauma producing this affection are generally followed by iritis in varying degrees. These should receive prompt treatment with the view of anticipating its supervention if not already present, or of preventing its consequences, extension to choroid etc., when iritis is established.

The employment of mydriatics is then indicated, depletion from the lids and temple and the use of the local anæsthetic, Cocaine, recently introduced into ophthalmic practice. When by these means the inflammatory symptoms shall have disappeared, Myotics, *e.g.* eserine, pilocarpine, muscarin etc. should be employed to stimulate the circular muscular fibres of the iris to energetic contraction and thus speedily as possible to restore the pupil to its normal dimension. Galvanism is a valuable auxiliary to produce the same object.

If the mydriasis is occasioned by the introduction of the drugs referred to, into the eye or stomach, the suspension of such employment is of course indicated.

When it is an accompaniment of glaucoma in its incipient stage eserine will be found a highly beneficial agent in obviating the

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causes of that grave affection and in the restoration of the pupil to its normal size. In the hands of some specialists, Laquer and others, it has proved itself almost a specific.

If helminthiasis be the suspected cause anthelmintics should be employed, or if the presence of foreign bodies in the intestines and of an irritating character, means should be adopted for their expulsion. If mydriasis be dependent upon causes of a syphilitic character, mercurials and potash should be judiciously employed, to which may be added galvanism; if upon irritation of the cervical sympathetic, or cilio-spinnle tract, then, counter-irritation with the use of bromide or iodide of potash. If it be due to internal or ovarian irritation these organs then demand special examination and treatment. Eserine and galvanism will always be found valuable adjuvants in expediting the cure, when mydriasis is occasioned by causes reflex in character. The aid of strychnia, veratria, ergot, etc., has been often invoked, but the desired results have rarely been realized. When once mydriasis has become established and has existed for some time it often defys all our efforts at cure, probably on account of the irremedial nutritive changes that have taken place in the muscles or nerves involved. If marked beneficial results are not immediately observed efforts must not be abandoned or even remitted; for several months or a year may he requisite to regain the lost function; and if at the expiration of this period success is attained, time and effort will have been most profitably expended.

But it is of the highest importance that treatment should be commenced immediately upon the discovery of the affection, for during the early periods it is vastly more amenable to remedial agents and appliances.

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Article IV.

Protection from Disease, and the Law of its Limitation in Time.

By Dr. Romaine J. Curtiss, of Joliet, Professor of Hygiene, College of Physicians and Surgeons, Chicago, Ill.

There are a few questions in medicine, which have been before the profession for centuries, waiting solution, and which I think, may now be answered from the standpoint of the germ origin of disease. The subject is now being studied and experimenters and generalizers are at work proving facts, and grouping them under the general laws which stand as their natural antecedents. The profession will not rest, nor will it have done its duty to the lay-world, until a few leading questions have been answered relating to diseases. These questions have been answered by dogmas, and the dogmas have rested on personal authority; but the day has gone by when men can satisfy themselves with dogmatic solutions of medical questions. It is many years now since the astronomeus relieved Atlas of his heavy load, and put a physical law in his place. Atlas once held the world on his shoulders, his feet rested on the back of a turtle, but if any body wanted to know what the turtle stood on there was no reply except that there was personal authority for the belief that the turtle stood on a dogma.

This is, or was, up to a very short time ago, the method of solving most of the medical questions. People are even more superstitious about their own bodies than they are about the motions of things terestrial and things celestial; and for this reason the conception that disease had a natural cause, has made very slow development in the public mind.

The more prominent medical questions now before the world are: Why is there such a thing in the world as disease? Why does disease naturally terminate itself, or "spontaneously," and why is it that one attack of disease gives a person protection from further attacks, for a time, of the same disease?

It is impossible to answer either of these questions except from the basis of the germ origin of disease. From this basis the questions, with all their dependent questions, may be classed

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under at most two general laws, and the answers, instead of being very obscure, are very simple.

The first question: why is there such a thing as disease? is a very easy question to answer, and it is surprising how simple an affair it is after all the learned disquisitions on the subject of a semi-theological and semi-scientific character. The answer is found in the law that living things consume each other as a food. Living organisms are, unfortunately, composed of the same material that they use as a diet, and disease is a corrollary of the fact that organisms, which are adapted to each other as a food, are obliged to struggle with each other in order to live, as well as struggle with other things in their environment.

Semi-educated men have sung so long the old chant that disease is a violation of nature's and God's laws that prejudice has prevented us from seeing the truth. The truth is, that disease is a result of failing to escape nature's law or, if you prefer it then, God's law.

The violation of law, on the part of human beings, relating to disease, is only a violation of the laws of resistance to disease, provided such a law is known, and is not a violation of other laws, for disease is one of the laws of diet. It is true, then, that a successful adjustment of one living organism, in relation to disease, and obtaining its natural prey, includes a fatal adjustment on the part of the prey. In this eternal conflict the fittest is supposed to survive.

When the human family sit down to "meat" the table does not "groan" beneath the weight of inorganic material—carbonic acid, ammonia, water, nitrogen, etc; but the meat is made up of other and organic material, which was once alive and was slain. It will not be denied that the living things were slain for food, whether vegetable or animal.

When a man is made sick with a zymotic disease, the reason is because organisms, to which he is adapted as a food, are utilizing him as prey. A doctrine of disease, which can give no better reason for disease than the "violation of nature's laws," or accident, or "special providence," explains nothing. Disease is the resultant of two opposing forces—one of them is hunger, and the other is resistance to a personal enemy. This is the foundation of pathology and, so far as I know, it is the foundation of all the evil in the world. I am willing to discuss the pathological and ethical questions on this basis. Extending the questions into

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human sociology, it is found that people eat each other because they are adapted to each other as food, and they also occasionally come into conflict because they can use property, and the property of one man is also adapted as property for other men. Moral science is the method of adjusting these laws so as to keep everybody as happy as possible, whether rich or poor.

Now, studying living things, it is found that the fittest species which survive, are subject to certain laws. It is found that the conflict of living things gives rise to results. The form and functions of organisms are determined, in part, by the results of personal conflict. A combat between organisms, who have enlisted on this earth "for the war," or for a term of years, must certainly have results upon the growth and the character of development. If two organisms have a combat and neither is killed, then they are both supposed to undergo some variation in form and structure. One changes in relation to aggressive power, and the other relating to methods of defense; and such is one of the causes which underlies variation in the type of organisms. Right here are observed other laws of life. Like is said to produce like, and so it does. If a species of organism acquires by actual combat, a variation, enabling it to resist its enemies, it transmits this variation to its progeny, who inherit it, and thus this species survives. The law of variation includes the opposite condition of things, which means, that if a given organism comes off conqueror, by variation, over its enemy and is no longer subject to personal combat with this enemy, it relapses again into its former type, which is called atavism.

As war to the knife appears to be the law and order of nature, it is seen that as organisms develop and survive, there is a continual play of forces between variation and atavism. Darwin generalized the law of natural selection from these phenomena. Nature selects surviving species by this method.

Natural selection, then, is a law of biology and a true cause in nature. For this reason there is no escape from testing the phenomena of disease by this law. If the germ origin of disease is true, natural selection must explain the phenomena of disease, especially the questions of immunity, and the law of the limitation of diseases. If natural selection cannot explain these things the failure must destroy this discovery of Darwin. If it can, then all other theries of explanation of these things must fall to the ground.

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Reducing the factors in the relation of disease to its cause, to their lowest terms, we find that the microbe of disease is not in the body by accident, because natural selection has given it a means of transit, and it is there for food, and for prey. The microbe attacks the tissue cell, and as its feeble powers of osmosis can be successfully resisted by the integrity of the living cell, the microbe kills the cell by poison. Some organisms of prey kill their victims mechanically—others do so by poisoning them. There is now a struggle between the microbe and the cell, with the sequences of disease of the cells, destruction and repair, and of variation on the part of both organisms. "To the victor belongs the spoils," and the selection of nature depends upon the relative resources of the two organisms in the direction of variation.

The character of the variation, undergone by the cell in its morphological factors, are of course unknown. It is largely a question of life, and as no one knows the molecular arrangement which distinguishes a dead cell from a live one, much less does any one know the difference of this nature, which distinguishes a cell, capable of resisting a poison, and one which cannot. That cells do, by variation, acquire this power is amply proved by the tolerance to poison which they acquire in alcoholism, morphism etc.

With this general law, I think all phenomena of disease can be explained. When a microbe enters the body, it is resisted by all those cells which have acquired an immunity by former combats and inherited variation. If a small-pox microbe enters the body it has an "affinity" for the skin, because other tissues can resist it. "Affinity", in this connection, means least resistance. The disease, therefore, has a definite type and rather a definite duration, because only certain cells can be attacked and because they can acquire a resistance in a definite time. Of course, heredity and repair of tissue by new growth, are estimated in this problem. But when the cells are no longer exposed to the contagion, they are subject to the law of atavism, and, corresponding with their atavistic changes, we find the immunity runs out. It is necessary to re-vaccinate every year or two in order to maintain the immunity. It appears that all diseases give more or less immunity, and the duration of protection varies as the severity of the attack.

Some diseases, notably syphilis, appear to be capable of des-

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troying any tissue, while others are limited, as mentioned, to certain structures. Natural selection readily accounts for this fact. In such diseases no tissues have yet obtained an immunity by their combats with the agents of disease. It is notable, however, that syphilis is decreasing in virulence. This is not due to treatment of the disease, for the treatment is the same now as ever, and the less virulence was noticed before the invention of McDade's Elixir. The less virulence is no doubt due to variation, which is giving cells a greater resistance.

Corresponding to the fact that most zymotic diseases are limited to certain tissues by natural selection, because other tissues have acquired, by heredity, a protection, is the observation that in all contagious diseases certain portions of the public are exempt. Not every one, fairly exposed to the disease, takes it. The larger proportion are exempt from epidemics and prevailing zymotic poisons. These portions of the public have, doubtless, acquired their exemption by heredity, just as certain tissue-cells of the body have acquired the same.

Following out the subject to its logical conclusion, admitting that the microbe and cell both undergo variation, and that the survival depends upon which has the greatest resources for variability, we will discover that either the human race must come to an end, or else certain pathogenic microbes must, in time, perish. History shows us that what we might expect has already happened, since recorded history began. The great epidemics, and their agents, must come under the head of having been vanquished by the human family through natural selection. I am aware that sanitary writers attribute the decline to sanitation, but I can not find the evidence. It is doubtful if sanitation is any better now, in Europe, than it was when plague, sweating sickness and typhus killed their millions of people at every visitation. Of course, alleged sanitary work has been done, in great abundance, but if such sanitation will prevent one epidemic why will it not prevent others? The probability is, that these epidemics died out because people acquired, through variation, a natural resistance to the microbic agents.

That the acquirement of a resistance to a certain disease will give immunity from a class of diseases is, in part, true. The poisons of microbes differ considerably, but the protection given by one disease to another disease must bear a similar relation to the likeness of the physiological action of two virulent organisms, or to the similarity of their poisons. Sternberg and others have made experiments on this question, which allow the inference that the variation, caused by septic bacteria, gives a degree of protection from other diseases. There is a question here relating to immunity from disease given by poisons, and the instinctive use of poisonous narcotics, such as alcohol and opium, which I will pass by with this simple suggestive reference: In my opinion "temperance" will always keep even pace with sanitation and always has.

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Correspondence.

Article V.

On the Successful use of Aconitine in a Case of Congestion of the Bowels.

Editor Journal:

June 14th, 1885. I was called a week ago to see an infant, eight months old, that was suddenly prostrated and was nearly bordering an a semi-comatose condition of the brain, having had, but a little time before my arrival, a copious watery stool accompanied with vomiting.

The patient had been in good health all along and was so to within an hour of the attack.

The child was, as I said, semi-comatose, the head not being as warm as usual, the abdomen was hot and the child's mouth dry, without the usual secretion attending dentition. Pulse slower than the heat of the abdomen would have made me expect.

I prescribed $\frac{1}{4000}$ grain of "Merk's" amorphous aconitine, in a solution, as a dose to be given every half hour until the temperature of the abdomen was reduced and the child be perspiring and show a general feeling of well-being and its usual mental condition. On leaving, I left a prescription for fractional doses of calomel, to be given if the diarrhœa should set in again.

In my visit next morning I was informed that the child had not taken the mercury powders but the aconitine alone. It felt well, the heat of the bowels was reduced, the child was as lively as usual and had had no more discharges from the bowels, except a natural one in the morning.

Does it not appear that the small doses of *aconitine* acted curative on the paretic condition of the bowels and quickly removed the engorgement ofthe abdominal vessels in consequence of which the equilibrium of the whole nervous system was re-established? In evidence I found the heat of the abdomen tempered to its natural warmth and the child's mental expression the same as it was said generally to manifest—cheerful and playful.

The child is still in the favorable condition mentioned.

E. Benkendorf, M. D.

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Original Translation.

Article VI.

TRANSLATION FROM THE PORTUGUESE.

Cocaine, a New Local Anæsthetic. Translated from the *Gazeta Medica*, da Bahia—Brazil (Translated from the Portuguese. By Joseph Workman, M. D., of Toronto, Canada.

[concluded.]

Nine cases are related by Knapp, of the *application of cocaine in diseases of the eye*:

1st. Strabismus convergens: two instillations of two drops each, of a 2 *per cent.* solution of the hydrochlorate; between the first and the second instillation 10 minutes intervened; the first indications of diminished sensibility commenced three minute after the first instillation; the operation was performed 20 minutes afterwards, with marked diminution of pain.

2nd. Extraction of a small foreign body from the centre of the cornea. Instillation of a 2 *per cent.* solution. In ten minutes insensibility of the cornea. Easy removal, and without pain.

3rd. Operation for pterygium. Two instillations of same solution. The cornea and conjunctiva became insensible. The patient did not complain of pain.

Seeing that a 2 *per cent.* solution did not produce complete effects, Knapp began to make use of the 4 *per cent.*

4th. Operation for cataract: A person of 68 years. Two instillations, with interval of 25 minutes; a few drops of 4 *per cent.* solution. Complete insensibility in 30 minutes after the first instillation. Extraction without pain: the globe of the eye appeared not to have its proper elasticity, so that the expulsion of the lens required a greater pressure than usual. The operation ended without pain, and this exemption lasted for 36 hours after it; there was no inflammatory irritation.

5th and 6th. Old trachoma. Insensibility of the cornea and conjunctiva, from cocaine. Application of the sulphate of copper, without pain or irritation.

7th. Foreign body in the cornea, surrounded by a white ring,

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peri-keratic injection. Three drops of the 4 *per cent.* solution. Extraction of the foreign body after 2 minutes, without pain.

8th. Polypus in the ear. Already mentioned.

9th. Conjunctivitis of both eyes, *tumor of the lachrymal sac* on the left side. Six drops of the 4 *per cent.* solution into the conjunctival sac and the punctæ lachrymosæ. In two minutes afterwards the cornea and conjunctiva were anæsthetised, the pupils were slightly dilated, and the tension of the globe was lessened. Introduction of the knife of Weber, across the middle of the canal, was not felt, and a large sound was passed without pain.

Dr. Bosworth (*New York Record*, Nov. 15th, 1884), published an interesting article on cocaine. He used the 2 *per cent.* solution as an anæsthetic for the nasal mucosa. From experience of 40 cases he concludes that not only are its effects anæsthetic, but there also is a notable contraction of the venous sinuses, from which the blood is expelled, leaving the mucosa so transparent that the contiguous bones become visible. He attributes this effect to the muscular fibres that surround the sinuses, and which are tenaciously contracted by the cocaine. He thus summarises the uses of cocaine in nasal surgery: 1st. To lessen the most annoying symptoms of coryza, and to shorten their duration; 2nd. To suppress the painful and troublesome reaction resulting from the employment of caustics or instruments in the nasal cavity; 3rd. To empty completely the venous sinuses of the mucous lining, and thus permit better ocular inspection of the cavities; 4th. To free largely the minor operations in the nasal cavities from those hæmorrhagic embarrassments that frequently occur, and to combat epistaxis from whatever cause arising.

Drs. John Roosa, Semon, and Goodhart (*Med. Record*, Nov. 1884) and other observers had used cocaine to produce anæsthesia of the larynx, pharynx and other parts, and they stated that its effects were very notable. In many forms of disease of the ear, particularly, they had obtained good results. Brock and Arkle, of University College Hospital, London, (*British Med. & Surg. Journal*, Nov. 1884) had used cocaine hypodermically in two operations, with good results. Bader (*Lancet*, Nov. 1884) relates 12 cases in which cocaine removed the pain of photophobia, and prevented pain in operations for strabismus, iridectomy, extraction of palpebral tumors and cataract. In 1880 Dr. Prosser James (*Brit. Med. Journal*, Dec.) extolled the value of occa-

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ine in a great variety of cases, especially in operations on the lips, tongue, fauces and larynx.

In the session, 24th October of this (? which) year, of the physicians of Vienna, Professors Stœrk and Schrœter, and Drs. Jelinek and Kœnigstein spoke of cocaine. Dr. Jelinek, who opened the discussion, having enumerated the old means of anæsthetising the larynx, and having stated its insufficiency, called the attention of the Society to the use of cocaine as a local anæsthetic and anodyne, when applied to the mucosa of the larynx and pharynx. He had occasion to make experiments in the clinique of Prof. Schrœter. He employed alcoholic solutions of 10 to 20 *per cent.* which at first were clear, but after some days they turned turbid, because of evaporation of the alcohol, and precipetation of the cocaine; it was then necessary to add some drops of alcohol. In slight operations, in which the reflex action and the pains were moderate, a 10 *per cent.* solution was sufficient; but when the larynx has to be anæsthetised for more serious operations, a solution of 20 *per cent.* should be used. On the pharynx the solution should be applied with a large brush (pincel), and on the larynx, with a soft hair brush. The application should be repeated at intervals of a minute and half, when necessary. The anæsthesia usually lasts twenty minutes. All the parts with which instruments have to come in contact, as the edges and surface of the larynx, the tongue, the epiglottis, the pillars and others points touched, may produce reflex movements, and therefore require to be moistened with the solution. Dr. J. mentioned some cases in which polypi and papillomas had been removed from the larynx, with great success, by Professor Schrœter, after using this method. He then passed on to treat of the use of cocaine as an anodyne, and called attention to cases of tuberculosis perichondritis, in which deglutition was so painful that the patients refused to take aliment, and ran the risk of dying of inanition, when in the meantime the morbid process in the lungs had not far advanced. The hydrochlorate of cocaine was very serviceable in such effections, and in analogous cases good results had been obtained. The diminution of pain sometimes lasted three hours; it was necessary to touch all the pained points with the solution. In addition to its anodyne effect, cocaine lessens, in the parts to which it is applied, the tumefaction of the mucous covering, and diminishes the secretions; according to Fauval it renders the vocal cords tense. Cocaine has but one disagreeable

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quality, it costs 5 to 6 florins a gram. (15 grains—say 17 or 20 cents per grain).

Prof. Schrœter said that Prof. Stœrk and himself succeeded in preparing patients for operations by the above means, at the end of 3 to 8 days, and they became completely insensible to endo-laryngeal manipulations. He regretted that the method of Turck, for local anæsthesia of the larynx, had been unjustly denominated—method of Schrœter. This is hardly a modification of that of Turck. Prof. S. attaches great importance to cocaine. He stated that he had, some days before, operated on a papyloma of the larynx, in a child of 7 years, after applying, a short time before, the hydrochlorate of cocaine. The child felt nothing, the manipulations were quite easy, and the patient was not disquieted.

The employment of cocaine is absolutely free from danger, and it enables us to abandon the local application of morphia. Pain is also suppressed by the employment of cocaine, and although inhalations of morphia are of good service in cases of perichondritis, the effects of cocaine are yet better in accord with the conditions of patients. The experiments with cocaine have not yet closed; judging, however, from what has already been observed, Prof. S. regards it as a very precious drug, and he predicts for it a good future.

Prof. Stœrk observed that he used a 2 *per cent.* solution of the hydrochlorate, in order to remove a polypus from the vocal cords, and as to the efficacy of this application he could in general confirm the statements that had been made on the subject. Local sensibility was not diminished, but reflex excitability was not entirely abolished. In connection with the discussion Dr. Kœnigstein said, that he performed an enucleation of the eye on a dog after the application of cocaine, and the animal did not feel the operation. He previously anæsthetised the conjunctiva, then he made an incision, and injected, by a capsule of Tenon, a one *per cent.* solution of cocaine, and after this he completed the operation without the least embarrassment.

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Article VII.

Editorial Department.

Frank M. Rumbold, M. D., Editor and Proprietor.
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Having, for a long time, noticed that the profession preferred a small journal with all the articles and news condensed, and that a great many could afford to take and pay for a two dollar journal that could not afford a three dollar one, especially since most of the members of the profession want to take four of five journals, we have concluded, in order to favor the popular demand and in accordance with the demands of the times, to make the Journal a

TWO DOLLAR JOURNAL.

The Journal has really been a four dollar journal. We propose to furnish to the profession in our two dollar Journal what they would have received in the larger and more expensive one.

This will make the Journal cost $2.50 for the year 1885, $1.50 for the first six months, when it was a $3.00 Journal, and $1.00 for the last six month, when it will be a $2.00 Journal, consequently those who have paid their subscription for this year

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will be credited with 50c on next years account. And those who still owe for this year will remit $2.50 instead of $3.00; New Subscribers, beginning with the July number, will remit $2.00.

We trust that this reduction will place the JOURNAL within the means of many to whom heretofore it has been a too expensive luxury.

We hope that the profession will aid us in extending our list of subscribers, and will, whenever practicable, send us short articles and reports of cases. We would be pleased if the Recording Secretaries of the Medical Societies, especially of Missouri and Illinois, would send us the dates of their meetings and the names of their officers. These we would announce in the JOURNAL, which would do much to increase the interest taken in the medical meetings.

MEDICAL PROGRESS.

Under the heading "Recent Progress of Medicine" will hereafter be found the latest gleanings of our foreign and domestic exchanges, the bulletins of the learned societies, etc. The matter will be original in the sense that it will consist of translations and condensations, accompanied where necessary, with editorial comment, written especially for the ST. LOUIS MEDICAL AND SURGICAL JOURNAL. This department will be divided into subheadings corresponding to the various branches of the science of medicine, and will be a complete resumé of the progress made by the investigators and practitioners of the Old and New Worlds.

GELATINE COATED PILLS.

The use of pills prepared in quantity by large manufacturers, and finished with a coating of sugar, chalk or gelatin, has become nearly universal in this country. The physician prescribes them, and whether they are specifically prescribed or not, the apothecary dispenses them. The ready made pill is certainly a great convenience. Granting that the manufacturers are competent pharmacists, and that they are honest, their products should be

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superior in every respect to any thing that the retail druggist can possibly turn out. They have the great advantage of operating upon large quantities of material, rendering easy the exact proportioning of the several ingredients of the mass: they have the aid of machinery, insuring the perfect incorporation of the materials, and the accurate sub-division of the mass, and the constant practice gives skill in the manipulations by which the finished product is rendered truly a work of art.

The tide of popularity is turning, of late, in favor especially of the gelatin coated pill, and we are inclined to believe that this is not an instance of misplaced confidence.

The gelatin coating was formerly complained of as insoluble, but this is an objection that no longer holds as regards the products of the best manufacturers. We have found by actual trial that the gelatin coating may be completely removed from one of the pills in less than one minute, by taking it into the mouth and rolling it gently between the tongue and the hard palate. A gelatine coating is to be preferred to one of sugar, because it permits the pill to be made so much smaller, the coating in the former being a mere film, while in the latter it has considerable thickness. The sweetness of the sugar coating is objected to by some, and, possibly, the material of the coating itself may in rare cases be really objectionable; the gelatin covering as it is moistened becomes slippery, and so the pill is easily swallowed, rarely producing the disagreeable sensation so often complained of in taking a plain or sugar coated pill. Another advantage in this gelatin coating is that its transparency enables us to notice at once any thing strikingly out of the way in the appearance of the pill mass, and compels the manufacturer to employ in the case of quinine, morphine and white salts generally only the purest materials; a dark color in any of these pills renders them unsalable.

The advantages we have alluded to may not appertain to the gelatin coated pills of all manufacturers alike. It is necessary to bear this in mind, and to keep an eye on the products dis-

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pensed on our prescriptions, and to insist that we and our patients shall get the benefit of every improvement made in pharmacy.

The particular pills we have had in mind as fullfilling our ideals of what the gelatin coated pill should be, were manufactured by the firm of Parke, Davis & Co.

Of course we do not intimate that they alone produce an ideal article in this line, but the firm has shown such enterprise and such liberality towards the profession that it is a pleasure to us, in such a connection, to mention the name.

CHOLERA VACCINATION.

The present is an era of vaccination. Prophylaxis is the great watchword of the hour. Like all great revolutionary ideas that which first proposed vaccination, as a protection to life, was received by the great public not only with suspicion and fear, but in some cases with open resistance. After Jenner had established this little operation which has rendered his name immortal and has spared the lives of thousands from a dread and loathesome disease, an *interim* succeeded unmarked by any great discovery in this special direction until Pasteur made known his great discoveries in the attenuation and inoculation of virus. This seems to have given an immense impetus to researches and experiments in this direction and we now have vaccination, as a protective measure, advocated for yellow fever, etc. The recent outbreak of cholera in Europe has produced quite an excitement and we learn that Dr. Ferran, a Spanish physician, has practiced vaccination with choleraic virus. This great discovery was first countenanced, then forbidden and at last accounts it is once more permitted by the government. Dr. Ferran has inoculated himself, and a number of his followers in Spain, among whom are medical men, have also submitted themselves to this vaccination. We find that, a few hours after being inoculated, they had cramps, fever, diarrhœa, delirium and others of the well-known symptoms of cholera. These gradually decreased so that at the end of about eighteen hours they were well again. This would appear to fur-

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nish presumptive evidence that the vaccination was a success, but it is by no means conclusive. It will take time and the gathering of carefully made statistics to justify us in concluding that the method is one that can be relied upon. In the meantime, there can be no harm in pursuing a method which is unattended with any dangerous symptoms. Should it prove a success, its usefulness can not be measured not only in that it will protect individuals against cholera, but from the fact that it will establish upon a firmer footing the practice of preventive inoculation. Since Lustgarten's differentiation of the bacillus of syphilis, it has been proposed to investigate what the effects of inoculation with attenuated virus would be; but no one has yet had the hardihood to offer himself as a sacrifice upon this particular altar of science.

A. H. O-D.

THE ORDINARY TREATMENT OF NASAL CATARRH.

Dr. Nathan Jacobson, in a paper on this subject, read before the New York State Medical Association, an abstract of which appears in the *N. Y. Med. Jour.*, said that the disease was an American institution, and was fast becoming a mark of true American citizenship. He cited the present mode of treating it, which has not met with satisfactory results, so that patients, after trying many practitioners without benefit, went to specialists, and afterwards resorted to the snuff or catarrh cure, but still found no help.

From these remarks all would suppose that Europe was generally free from catarrhal trouble and that America was specially afflicted in this direction. This is not the case. The truth is, that catarrhal troubles are more prevalent in Europe than in America, but, unfortunately, they are not recognized in the former country.

Again, the general profession are not educated to the use of the rhinoscope and laryngoscope, but content themselves with holding the patients tongue with a spatula and gazing knowingly

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at the anterior surface of the palate seldom even seeing the walls of the pharynx and never looking into the naso-pharyngeal cavity, and then write a prescription for a gargle containing an astringent. This gargle can not possibly reach the portion affected, the posterior portion of the nasal cavity, and if it did would do harm. Nasal catarrh will remain a bug bear to the profession and will be treated unsuccessfully by specialists until they learn that mild measures and a strict observation of hygienic rules are necessary features of the successful treatment of nasal catrrrh.

ARTICLE VIII.

Medical Progress.

THERAPEUTIC NOTES.

THERAPEUTIC AND TOXIC EFFECTS OF POTASSIUM IODIDE.—M. Hallopeau communicated to the Société de Thérapeutique (Seance of May 22nd) the facts in a case of iodism which presented some rare phenomena. The patient, a syphilitic, had for a long time taken 6 to 10 grams of the iodide daily. Suddenly there appeared several patches of purpura and a right hemiplegia, which disappeared immediately on cessation of the treatment. On resuming it again he was attacked with pemphigus. In the discussion which followed, M. Paul stated that he had seen a state of general cachexia accompanied by profuse epistaxis follow the daily ingestion of 20 grams of the iodide. M. Campardon cited a case in which the patient was unable to bear the smallest doses of iodide of potassium, but could take the iodide of sodium with impnnity. M. Labbé thought that for any medicine to produce a desired effect it should be given in doses sufficient to produce a reaction of the organism against it. That point is variable within wide limits and the physician should watch for it most closely. He had derived great benefit from the iodide of potassium in several cases of dry coryza,—with the formation of crusts. The establishment of a nasal flux caused the disappearance of the encephalic congestion. M. Ferréol thought that

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great watchfulness was necessary in the administration of the remedy to non-syphilitics, as it was much better tolerated by those tainted with syphilis—with which idea M. Hallopeau agreed. *Bulletin Société therap.* May 13th 1885.

THERAPEUTICS OF OTALGIA AND OTITIS.—Dr. E. Gianpietro contributes the following notes to the *Arch. di Otojatria* etc·

1. *Otitis phlegmonosa.* The pain may be controlled by hypodermatic injection of muriate of morphia over the mastoid apophyses.

2. *Acute suppurative tympanitis.* Having resorted to myringotomy the flow of the exudation should be assisted by an irrigation with the following; boracic acid 3 parts, alcohol 10 parts, distilled water 500 parts.

3. *Otitis media,* chronic without perforation; permanganate of potassium 1 part, distilled water 200 parts. Mix and dissolve. Inject a few drops every morning, carrying it well down by means of a catheter. It is also recommended to pencil over the mastoid apophysis with iodated glycerite of tannin.

4. *Otitis externa parasitica.* The formula recommended in the preceeding case may be employed, and after the instillition, a few drops of a solution of 1 part of iodoform in 15 parts of glycerine may be dropped into the ear.

5. *Otitis éxterna desquamativa.* Acid boracic 1 part, distilled water 200 parts. Inject into the ear; Remove the desquamated epithelium etc., with the spoon.

THREAD-WORMS.—In the *Jahrbuch fuer Kinderheilkunde,* Dr. Scherleky recommends an injection of train oil as being most efficient. For a child from 6 drams to one ounce should be injected twice a day.

PLEURISY.—Gasparini says that in pleurisy, where diaphoretic treatment is indicated, nothing is so efficient as salicylate of sodium in full doses. This is especially the case where the pleurisy is accompanied by muscular rheumatic and neuralgic pains, tonsilitis, etc. *Gazz. deg. Osp. Nat. Druggist.*

CHRYSOPHANIC ACID INTERNALLY FOR ECZEMA.—Dr. Stocquart to whom we owe the first studies of the results of the use of chysophanic acid internally in diseases of the skin, has recently com-

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municated to the *Journal de Medicine de Bruxelles* the details of the cure of several cases of eczema of the ears by this method. The acid was given in doses of from 2 to 6 centigrams (from $\frac{1}{8}$ to 1 grain), and the cure was effected, in most instances, within one week. The *Paris Medical* suggests that the internal treatment should be supplemented with topical applications of oil of cade and tar.—*Nat. Druggist.*

PAREIRINE—NEW ANTIPERIODIC.—In a communication to the *Uniao Med. de Rio Janeiro*, Dr. Ferreira gives the history of several cases of paludal and miasmatic fevers (intermittents) successfully treated by him with an alkaloid obtained from the inner bark of the pear tree and called pareirine. The salt of the alkaloid which was found most useful, because the most soluble in water, is the muriate or hydrochlorate. Cases of intermittent which had resisted quinine, arsenic, iodine, etc., readily yielded to pareirine hydrochlorate. Dr. Baker of Macahe, Brazil confirms the statements of Dr. Farreira and declares it to be his belief that the new alkaloid is destined to play a great role in therapeutics. It seems from all that we can learn, to be most valuable when quinine has failed.

HYGRINE OR A NEW MYDRIATIC.—M. Panes, member of the Academie des Sciences, who has been investigating the adulterations, sophistications and substitutions of the alkaloids most commonly used in medicine, in the examination of some sophisticated cocaine put upon the market by a French manufacturing chemist, found that the adulterant was an alkaloid of coca known as hygrine, and which had hitherto been supposed to have no medicinal value. Finding that the adulterated cocaine had very high mydriatic powers, which were very much impaired by purification he was led to try hygrine in the same direction. To his surprise he found it a mydriatic of the utmost energy, and furthermore, that though it acted with great promptness and power, its effects were almost instantly neutralized by eserine. The double discovery of M. Panas was immediately reported to the Academie de Medicine and as a consequence the hitherto neglected alkaloid hygrine is coming into demand.

COCAINE FOR BURNS.—Nothing so surely and completely mitigates the pain of burns and scalds as penciling the burned sur-

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face with a 3 or 4 *per cent.* solution of hydrochlorate of cocaine.
F. L. J.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins *of the French and German Societies, and Academies.*

URIC ACID IN THE SALIVA, ETC.—M. Boucheron reported his researches on the appearance of uric acid in the saliva, and in nasal, pharyngeal, bronchial and utero-vaginal mucus. By the aid of the murexid test he showed that the excretion of uric acid in the saliva of uræmics is simply an exhibition of the excretory function of the salivary glands acting upon most of the substances in excess in the animal economy. The presence of a large amount of uric acid in the saliva might serve as a premonitory symptom of uræmia. *Acad. des Sciences, May 18th, 1885.*

A NEW FORM OF ANÆSTHESIA.—Dr. Brown Sequard who has recently been experimenting on anæsthesia, made a partial report on "a species of artificial anæsthesia, without sleep and with a perfect conservation of the faculties, intelligence, voluntary movement, and tactile sensitiveness." Under the influence of an irritation of the laryngeal mucous membrane, the sense of pain may be made to disappear for many hours, not only in man but in lower animals. The most powerful agents for the production of this irritation are carbonic acid and the vapors of chloroform, care being taken that they do not enter the lungs. Next to these are galvanization of the superior laryngeal nerves, or those of the entire larynx, cauterization of the laryngeal mucous membrane by anhydrous chloral, nitrate of silver etc. The difficulties of rendering this discovery applicable to man are as yet very great, but Dr. Brown Sequard hopes not insurmountable. *Acad. des Sciences* June 6th '85.

TOXICITY OF MERCURY SALTS.—M. M. Mairet, Pilatte, and Combemal reported on the toxicity of the iodide and chloride of mercury. The iodide becomes lethal when the dose approaches or passes 0.0162 grain to each pound weight of the animal. Thus a man weighing 185 lbs. would require almost exactly 3 grains for a fatal dose. The chloride is slightly less toxic than the

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iodide, the exact limit being not yet determined. *Bul. Acad. des Sciences.* June 6th, 1885.

MICROCOCCUS PYOCYANEUS.—At the séance of June 6th 1885, M. Charrin reported to the Société de Biologie the results of his researches on the micrococcus pyocyaneus. As compared with some others this agent possesses relatively low infectious powers. A rabbit injected with half of a cubic centimetre (8 minims) of a culture broth was siezed with albuminuria. A small amount of the urine added to sterilized culture fluids caused the appearance of pyocyanine. The microbe is eliminated through the channels of the urine and fœces. It can, however, be stained in the tissues and thus demonstrated. The production of pyocyanine is a test which eliminates all chances of mistake or error. *Bul. Société de Biol.*

SUBCONJUNCTIVAL CISTICERCUS CELLULATUS.—A little girl 8 years of age, healthy and well nourished, was brought to the clinic of Dr. Pierd'houy of Milan, complaining of something growing in the internal angle of the left eye. Examination of the patient disclosed a little tumor situated between the bulbar insertion of the internal rectus inferior and the corneal margin, and covered with the conjunctiva, which was inflamed and congested. The family history of the child was good, and Dr. Pierd'houy concluded that the neoplasm was not of an epithelial or sarcomatous nature but probably of a benignant cystoid form. He operated immediately, using cocaine and chloroform and soon extracted a small sack-like tumor some 8 millimeters long by 5 in diameter. Subsequent microscopic examination showed it to be a *cisticercus cellulatus* with crown of hooks complete. The child being subsequently treated was found to be free from tapeworm, and the only reasonable explanation of the presence of the organism in the place where it was found is that having handled something containing the ova, one of them clung to her hand, which being subsequently brought into contact with the eye, left the egg in the conjunctiva. Here it stuck, and began the series of transformations which make up the life history of this parasite. The first case of a similar nature is recorded by Baum and Siebold in 1838. Since that time very few have been recorded. Fieuzal in the record of over 18000 ophthalmological operations found but one case, and Graefe in over 80.000 found but five.

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The presence of the creature in the deeper parts of the eye is much more frequent, Graefe recording 81 such, or about 1 case for each 1000 operations. *Gazetta degli Ospitali*, No 45, page 354.

PATHOLOGY OF STRIATED MUSCULAR FIBRE.—Prof. G. B. Ughetti, who holds the chair of general pathology at the University of Catania, has recently contributed a *nota preventiva* to the Gazzetta degli Ospitali concerning an announcement made by him some years ago, while still in Professor Tizzoni's laboratory, concerning the alterations which take place in the striated fibre of muscles of which the nerves have been cut. At that time Ughetti stated that he had observed that the nuclei of the fibres undergoing atrophy were augmented in number, and that at certain points they seemed to accumulate in a notable manner. Later and more exact knowledge concerning the phenomena of indirect recision of nerves rendered it necessary to verify his former observations, with a view to determine whether caryokinetic figures could be observed in the nuclei and whether the apparent numerical augmentation was by chance or a constant phenomenon. To this end he excised a short portion of the ischiatic nerve on one side, in such a manner as not to produce any direct lesion to the paralyzed side, and at short intervals he examined the muscular fibre of both sides. He now announces that by following the method of Gram, as modified by Bizzozero, for caryokinetic researches, he finds the caryokinetic figures in the muscles in which the regressive process had been superinduced, but that they were totally absent in unaltered fibres. Ughetti announces that as soon as possible he will furnish full details of this most important fact. *Gazzetta degli Ospitali*, No 43, p. 341. F. L. J.

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ARTICLE IX.

Department of Dermatology and Syphilis.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., Professor of Dermatology and Syphilis, St. Louis College of Physicians and Surgeons, of St. Louis.

PATHOLOGY OF XANTHOMA.—In a very exhaustive paper on Xanthoma (*Viertel jahr. Schr. für Dermat. & Syph.*) Dr. Touton concludes, from the examination of a large number of specimens, that it is a sharply defined neoplasm composed of elements that are heterologous to their locality and to the skin. It is most often multiple in form and contributes to the formation of mixed tumors. In this manner we have fibroxanthoma, sarcoxanthoma, myoxanthoma, etc. The only true retrograde process which he can find in xanthoma is cystic degeneration. He believes that the young cells depend, from their very beginning as pathological growths, upon fat which is most probably derived from their own protoplasm.

ALEPPO BUTTON.—Dr. A. A. Altounyan, of Amitab, Turkey, contributes a very interesting and instructive paper to the *Journal of Cutaneous and Venereal Diseases* on the above subject. He defines it as an endemic indurated and indolent cutaneous disease without any constitutional symptoms, appearing singly or in number on exposed parts of the body, as a rule in the form of a papule, which undergoes a series of changes, such as development and ulceration; cicatrizes slowly under the scab, and leaves a scar behind. It very rarely, if ever, attacks the same person more than once. Very little is known of its etiology. The hair follicles are not attacked, although the process extends down to the subcutaneous tissue. No cryptogams or micro-organisms have been found in the sections examined. The duration is about a year. Some cases get well in a much shorter period, whilst others may become chronic and last for years. It has never proved fatal and its general tendency is to heal spontaneously. The treat-

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ment is both hygienic and medicinal. As to the latter the author considers simple applications of tincture of iodine as the best.

UNNA'S PLASTERS.—Dr. Robert B. Morrison reports in the *Medical News* the success which he has met in the employment of Unna's plasters in the treatment of various forms of skin disease. He has employed the rubber plaster as well as the ointment plaster (salbenmull), in cases of eczema, psoriasis, tylosis, lupus, etc. He very pertinently remarks that not only are these plasters efficient, but they are also cleanly, easily applied and worthy of the highest praise. Their use in dispensary practice, however, is limited on account of the cost. The duties are so high that it brings their actual cost to an elevated figure. However, some enterprising manufacturer may see the profit to be derived in their make and thus make them more easily accessible for general use and when this is done more extended use will render observations conserveing their utility more reliable.

SKIN DISEASES OF REFLEX NERVOUS CAUSATION.—Dr. Wm T. Corlett read a paper on this subject before the Ohio State Medical Society at its late meeting (*Medical and Surgical Reporter*), and he concludes that neuroses of the skin are met with in neurasthenic persons, either when they are suffering from pathological changes in the viscera or when the viscera are undergoing physiological evolutions—as pregnancy—thus becoming remote foci of irritation. He divides the neuroses of the skin into two classes: senso-neuroses and tropho-neuroses. Among the former the most important is pruritus as a disease *sui generis* and among the latter, anomalies of secretion and of pigmentation.

PASTE FOR FRECKLES.—Unna, of Hamburg, (*Jour. de Mèd.*) recommends the followiug paste for freckles:

℞ Zinci oxidi.....3ij.
Bismuthi oxychlorat.....3ss.
Hydrarg. bichloridi.....gr. iij.
Dextrin.....
Aq. Dertillat.....aa 3ij.
Glycerini puriss.....3iij.
M.

Of course, as soon as the skin is exposed to the direct sunlight the freckles reappear.

RECURRENT EXFOLIATIVE DERMATITIS.—Dr. Graham recently

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presented to the Toronto Medical Society (*Canadian Practitioner*) a case of recurrent exfoliative dermatitis. The patient, aged 28, had a severe attack of zona seven years ago. When recovering he was seized with exfoliative dermatitis. The present is the fifth attack and they have all taken place in the month of April and are preceded by a chill followed by fever. The exfoliation takes nearly two weeks to complete itself and an interesting point is that it so closely resembles scarlatina, the absence of throat symptoms and the recurrence being the principal distinguishing marks.

NEW METHOD OF TREATING LUPUS ERYTHEMATOSUS.—Lassar (*Deutsch Med. Wochenschrift*) employs a Paquelin's thermo-cautery slightly heated and passes it superficially over the disease. Iodoform is then used as a dressing. If the first treatment is not successful, successive outbreaks are milder. In 10 or 12 days the cicatrix appears smooth and pale. L. has also employed this method in rosacea and believes it applicable to all neoplastic diseases of the skin.

BOSTON MED. & SURG. JOURNAL JUL 17 1886 HARVARD

OLEUM DEELINÆ IN SKIN DISEASES.—Dr. John Roberts in a paper in the *Practitioner* prefaces his remarks by stating that oleum deelinæ is the most pure and refined oil made. It is manufactured by the Dee oil Co., hence its name. Deelina oil is clean, inodorous and does not become rancid, and it leaves little or no greasiness behind it. It is very easily absorbed. The writer has found it very efficacious in cases of eczema, pityriasis capitis, intertrigo, etc. To support his statements Dr. Roberts enumerates and gives more or less complete histories of forty-two cases, the majority being chronic eczema.

PITYRIASIS ROSEA.—This disease Dr. B. M. Ricketts states in a letter to the *Cin. Lancet and Clinic* occurs about once in 8,000 cases. It is a mild inflammatory, self-limited disease, located principally upon the lateral thoracic and scapular regions, and simulates chromophytosis from which it is readily differentiated by the microscope. In the case which is detailed the healing seems to have taken place from the center. The eruption was attended by severe itching. The treatment was entirely palliative, consisting of alkaline baths and inunctions with carbolized vaseline.

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TREATMENT OF GONORRHŒA.—Dr. J. W. White in his curative treatment of gonorrhœa (*Med. & Surg. Reporter*) regards the physiological and absolute rest of the parts as the best treatment. Added to this he thinks that a milk and farinaceous diet together with plenty of water as almost sufficient to effect a cure. A proper dressing he also considers an essential and that is best which is farthest removed from the poultice. The less heat and moisture about the organ the better. In the way of local treatment, such as injections, he rarely gives anything during the first week or ten days.

STILLINGIA IN SYPHILIS.—We cull the following from the report of the meeting of the Boston Society for Medical Improvement held May 25, 1885, as it appears in the *Boston Medical and Surgical Journal*:

"Dr. V. Y. Bowditch asked if any one knew anything about stillingia.

Dr. Wigglesworth answered that it is an utter humbug. The question being asked of a large number of specialists, it was found that of those who had tried it, all, without exception, had found it of no value."

Comment is unneccessary.

DIAGNOSIS OF EARLY CEREBRAL SYPHILIS.—Dr. F. B. Geenough in a paper on cases of cerebral symptoms in early (secondary) syphilis (*Boston Med. & Surg. Jour.*) states that the diagnosis of these early cases of cerebral syphilis is very much simplified by the fact that they occur either while the symptoms of constitutional infection on the cutis and mucous membranes are still apparent, or so shortly afterward that the fact of the patient's having recently had syphilis could not very well be ignored. Their diagnosis, however, by no means depends on this point of time alone. The fact that the attack had been preceded by the characteristic headaches would be of importance. The muscular paralysis in these cases is always, at first at least, an incomplete one; loss of power or of control of one arm or leg, or both, is first noticed, and this gradually increases. A certain amount of aphasia, or rather a hesitancy in speech, seems to be a pretty constant symptom. The comparative youth of the patient in many cases is of diagnostic value. Lastly, the fact of the symptoms improving under specific treatment would, of course, decide the question. The lesion which is most likely to be confounded with these early cases of cerebral syphilis is an embolus of a central artery. In such a case, however, the symptoms of paralysis would come on more suddenly, be more complete, and there probably would be some indication of the cause of the embolus.

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ARTICLE X.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

PROPER CREDIT.—By an oversight, the articles in this department in the June number of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, on 'injecting the liver' and 'a new injecting fluid' were printed as though original with the editor. They were not so, however, but were translations from one of Prof. Ranvier's late lectures.

The American Society of Microscopists will hold its eighth annnal meeting at Cleveland on the 18th of August and the three ensuing days. There is every indication of a large attendance and a most interesting meeting. Every physician who owns a microscope, (and every one should do so) and is interested in its manipulation, should become a member of this association, which now numbers over 300 members.

URINE OF CHOLERA PATIENTS EXAMINED MICROSCOPICALLY.—Dr. Strauss, in his lectures on the pathological anatomy of cholera, among other things concerning the changes observed in the autopsy of those who have died in the algid state of cholera, says "the bladder is always retracted. It hides away, as it were, behind the pubes, hardly larger than a nut. If you thrust an aspirator tube through the walls of the vessel and exhaust it, you will get a few cubic centimeters of a whitish, troubled urine, resembling puriform fldid. Under the microscope it is literally full of desquamated plates of mucous epithelium, either isolated or hanging together in plaques. In the urine that I examined at Toulon, I frequently found spermotozoids. These must have penetrated the bladder, because the urine was always drawn off by the aspirator, thrust through the walls of that vessel.

THE CHOLERA MICROBE AND FERRAN'S INOCULATIONS.—If I

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have hitherto said nothing in this department concerning this topic which just now is uppermost in the minds of most European and many American microscopists and savants, it is not because I have not appreciated its importance or kept up with the varying phases of the question, but simply because there has been nothing definite which I could say in relation to the matter. When Dr. Ferran first appeared before the world of science with his discovery, it was as a scientific man, making a scientific announcement, and as such he was received and treated, and thus his theories were discussed. His subsequent course and his attitude today, however, it seems to me, are such as to remove him from within the pale of scientific criticism and place him among the charlatans brought forth by every great epidemic in every country—a quack whose sole object is to enrich himself at the expense of the unfortunates around him.

Starting out with apparent frankness, Dr. Ferran described to those who first undertook the investigation of his discoveries the alleged processes by which he reached the results claimed by him. Later on, when he found that the gratuitous advertising given him by the daily and so-called scientific press had attracted great attention to him, and when too, those to whom he had communicated his processes found themselves unable to repeat his results, he admits that he has kept something back, and says that *his first duty is to himself—i. e.* to get rich on the secret which he claims to hold—a sentiment so atrocious, so foreign to every true scientific instinct, that it alone casts a pall of doubt over every other claim made by him.

Taking the report of the Royal Academy of Medicine and Surgery of Barcelona, as published in *El Siglo Medico* for April 26th '85, as authoritative as to the nature of Dr. Ferran's cultivations, the comma bacillus is but one stage in the life history of the organism, the morphological evolution of which comprises the following series; (1) a spiral filamentary thallus, (2) spores appear in the thallus; (3) The spores escape; (4) The spores grow with a constantly increasing heterogeniety of contents; (5) they are converted into a mulberry shaped body from which (6) protoplasm escapes; (7) the protoplasm condenses and forms (8) a spiral which is the thallus of a new round. In certain stages of development what are called oögonia and oöspheres constantly appear. Of these we are considerately "told the part played demands further study, as do other less constant forms."

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All of which means—if it means anything, that the microbe of cholera is a cryptogam of the family *peronospora*—the same that causes the potato blight or disease. Indeed it is now spoken of *peronospora Ferrani*. What part it is to play in the great tragedy of cholera is as yet problematical. If statistics—especially Spanish statistics, are worth anything, the inoculations made by Ferran and his employees seem to have had some modifying effect upon the disease in certain of the Spanish cities. This apparent modification may be due to several causes, viz.

I. The mental effect. It is well known that terror demands as many victims as the plague itself in all such epidemics, as aptly illustrated by the Arabian parable. "Where are you going?" asked Death of the Plague, when they met in the desert. "I journey down into Egypt. At Cairo I will send thee ten thousand souls." "Good" said Death, and the twain parted. Meeting again in the desert, some months afterward, Death thanked the Plague for his thirty thousand victims. "I sent thee but ten thousand" answered the Plague. "But I got thirty," said Death "whence came the balance?" "Oh" laughed the Plague, "it was my twin brother Fear, who slew the others!" By calming the fears of those who submit to the process, inoculation serves a good purpose and no doubt has saved many lives.

II. The better classes alone have been inoculated. Ferran works for gold, and the populace, the legitimate food of the plague, have no gold to give. His inoculations are therefore in classes largely exempt from the ravages of cholera, at least in the earlier stages of epidemics.

ARTICLE XI.

Department of the Respiratory Organs.

CONDUCTED BY

J. C. MULHALL, M. D., Physician to the Throat and Chest Department, St. Louis Medical College Dispensary.

COLLAR BUTTON IN TRACHEA.—*Pacific Med. and Surg. Jour.* Dr. A. L. Prevost of San Josè. A bone collar button was acci-

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dentally inhaled by a male, aged 16. Refused tracheotomy. Pneumonia on 3rd day. Permitted tracheotomy on 9th day, which was unsuccessful. Gradual return to comparative health in several months. Three years and five months afterwards he awoke with a fit of coughing and expelled the button, which at its base measured ½ inch, at apex ¼ inch, in height ¾ inch and in weight 0 grains. Cure.

All of which teaches us patience in search of a lost collar button.

ANTIPYRIN IN PHTHISIS.—*Bull. Gen. de Therap.* Dr. Ardiun, amongst other things says of this drug. "In the great pyrexias like typhoid fever, in wasting diseases like pulmonary phthisis any continuance of pyrexia should be met by the employment of febrifuge remedies, notably antipyrin. The drug should be given in moderate doses frequently repeated in order to avoid profuse perspiration and the induction of adynamia.".

He believes that not less than six nor more than forty-five grains should be given daily, nor that more than 15 grs. should be given at one dose. This latter dose may however be given hourly for three doses.

I think that we ought to give any drug that will replace the disagreeable and expensive quinine, which is with nearly every practitioner the usual and indeed only reliable medicinal means of combatting the fever of phthisis.

EMPYEMA.—Cure by daily small aspirations. *N. Y. Med. Record.* Dr. Milliken of Hamilton, Ohio after first freely aspirating the cavity, and drawing off a large quantity of foul pus, inserted a slender knife by the side of the needle and enlarged the opening and then inserted a Nelaton catheter, closed externally by slender flat forceps, which were attached to the chest wall by adhesive straps. The forceps were never detached, until the catheter was connected with the aspirating needle, and again attached before disconnecting the needle and catheter. Starting upon the acknowledge principle that to cure such a case, the lung must be expand or the chest wall collapse he removed only a portion of pus each day. The aspirator suction was stopped when slight distress was exhibited. There was thus a slight daily vacuum made, the method of drainage preventing entrance of air from without. Whenever antiseptic washing was required, less fluid was thrown

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in, than the amount of pus withdrawn, so as to maintain vacuum and lung tension.

Recovery was rapid and complete.

I quote this case as being very instructive, in these clogs of freely opening and washing out all purulent cavities, for it seems to me that if lung expansion be possible as it always is in recent cases that such a method as Dr. Milliken pursued fulfills the indications far better than the other.

THE CRICO-THYROID MUSCLE.—*Annales des Mal. de l'oreille, du Larynx etc.* Dr. Moura of Paris calls attention to the fact that most anatomists and physiologists perpetuate the error of describing this muscle as drawing the thyroid cartilage towards the cricoid, whereas the contrary is the fact. Dr. Moura therefore insists upon the term thyro-cricoid. The thyroid inserted is much broader than the cricoid. The thyroid, not the cricoid is fixed during the emission of high notes. The thyroid descends during inspiration, through the influence of the sterno thyroid.

Anatomical facts support Dr. Moura, but personal observation with finger on the thyroid during vocalization seems to me to indicate that the opposite is also true, namely that during the emission of very low rates (progressively descending) the thyroid descends on the cricoid. This, however, may be accomplished by the sterno thyroids, not the crico-thyroids. Dr. Hooper's observations also prove that the crico thyroids are only tensors of the vocal cords, a fact supporting the claims of Dr. Moura.

VEGETATIONS OF PHARYNGEAL VAULT.—In the same Journal is a note by Dr. Cresswell Baber of Brighton, England, calling attention to the fact that these adenomate are as well removed by the finger nail, which should be ⅛ inch long, as by instruments. He was successful in 18 cases. His method is to scrape them vigorously with his finger nail once a week, for 3 or 4 weeks when they have usually disappeared. The naso pharynx must be inspected once weekly thereafter for a time, to note recurrence. The first scraping usually produces in considerable hæmorrhage. The method is originally that of Guye of Amsterdam. I have myself succeeded in curing two cases after this method. The finger should be protected from the teeth of the young patients, these vegetations always occurring in children. They are soft and friable and their rupture by the finger

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nail causes them to suppurate away. In one of my cases they hung like stalactites from the vault and were numerous enough to cause great deafness and almost total occlusion of the posterior nares.

ŒDEMA GLOTTIDIS FROM IMPURE IODIDE OF POTASSIUM.—In the same Journal, as related by M. Huchard and M. D. Gendre occurred the following case. A man aged 53 was admitted, suffering from locomotor ataxy. He had never had any symptoms referable to the respiratory organs. Two hours after a dose of 15 grains of iodide of potash, coryza and intense frontal pain occurred. Next day an erythematous œdema of the lids with conjunctival chemosis occurred, as well as slight sore throat. The iodide was stopped and the symptoms soon disappeared. Again the iodide was given in small doses, gradually increased to 15 grs. This produced œdema of the uvula. The next day again 15 grs. were given. This was soon followed by intense laryngeal dyspnœa. At this stage M. Gougenheim, the laryngologist made an examination and found great œdema of the arytenoids, with intense adductor spasm of the cords and advised tracheotomy, which was done on the following day, the case having became more urgent. It was not till the 10th day that all œdema and spasm had disappeared. M. Huchard remarks that though the spasm of the cords might have been referred to the locomotor ataxia, the well know *laryngeal crisis*, that the œdema could not, as the latter was coincident with other acknowledged signs of iodism, and disappeared after withdrawal of the iodide and is moreover unknown as a sign of ataxy. The medicine in question was anylyzed and found to contain iodate and nitrate of potash in excess; other patients who had taken the same iodide suffered from minor iodism accidents.

This is the second time I have recorded this accident of œdema of the glottis requiring tracheotomy, from the iodide. The first occurred in the service of Mr. Jonathan Hutchinson in London and is recorded in full in a number of Medical Times and Gazette. I was present at the time and remember that though it was undoubtedly proven to be from iodide, that it was not anylyzed for impurities. How much iodism has to do with *impure* iodide has not yet been sufficiently investigated.

ŒDEMA OF THE GLOTTIS IN BRIGHT'S DISEASE.—*Archives de*

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Medicine. Dr. Hanot. A patient in his service with albuminuria, had had œdema of the uvula. He left the hospital and caught a cold. Œdema of the uvula and of the glottis supervened, tracheotomy; death.

It will be admitted, I think, that an acute laryngitis is more apt to eventuate in œdema glottidis in one suffering from albuminuria than in a healthy subject. Fanvel, I believe, is the only laryngologist that claimed that some œdema in the larynx was often found in albuminuria, independent of other exciting causes.

PARALYSIS OF LARYNGEAL ABDUCTORS DURING PREGNANCY.—*Union Médicale* Dr. Aysaguer reports such a case which he could attribute to no other condition than the pregnancy. It necessitated tracheotomy at the 5th month. The canula was removed at the 6th month. At the 7th month dyspnœa became to so urgent that tracheotomy was again performed. The canula could not be removed until after delivery, the 15th day, when recovery was complete and remained permanent. Every possible cause of this paralysis was excluded and the only explanation was that it was due in some manner to the pregnancy.

This case as far as I know is unique.

THE DIASTOLIC AORTIC MURMUR.—*British Med. Jour.* Finlayson had always believed this murmur was always connected with aortic valvular incompetence, except in those cases due to aneurism or pericardial friction. Lately, however, two examples of this murmur had misled him into a diagnosis of aortic valvular incompetence, when it was shown at the antopsies that the valves were perfectly competent. In both cases however the aorta was rigid, dilated and atheromatous, a condition which Dr. Bellingham was the first to notice as capable of producing this murmur with competent valves, by friction of the blood against the roughened aortic interior. Dr. Finlayson is satisfied of the correctness of Bellingham's views.

CARDIAC HYPERTROPHY FROM RAPID GROWTH OF THE BODY.—Abstract in *London Medical Record*. Prof. Germain Sèe of Paris has observed in a large number of young men violent palpilations of the heart, which made him fear they would be unfit for inilitory service. Experience soon taught him that these palpitations were not increased by exertion, but on the contrary dis-

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appeared as the man grew stronger. The palpitations were accompanied by a land systolic murmur heard at the apex, but not over the large vessels. The heart was enlarged and the pulse often irregular. In some cases there was dyspnœa or frontal headache.

This is an example of how easy it may be to make an error in the diagnosis of cardiacaffections I imagine that most physicians hearing a loud systolic murmur located at the apex, in a young man who complained of dyspnœa, and palpitations, would be disposed to look upon the case with gravity, and many incautious ones give an unfavorable prognosis. What helps a physician's reputation with the laity more, than exact success in prognosis?

PERFORATION OF THE SEPTUM NASI.—Mr. Jonathan Hutchinson, *Medical Times and Gazette.* The author states that there exists a general belief that perforating ulcers of the septum of the nose (the cartilage) imply syphilis, whereas he feels sure such inference is often incorrect.

I feel sure that such inference is exceedingly seldom correct. In my experience syphilis prefers the bony septum and very rarely attacks the cartilaginous portion. The trouble to which the author refers is not uncommon, and sometimes exists without the patients knowledge. I believe that constant irritation by the finger nail induces death of the perichondrium at a small point on the septum. This slowly extends—the cartilage atropthies—a small perforation occurs, which may occupy many years in reaching ¼ inch in diameter. The only annoyances is the presence of small small scabs on the unhealed edges, which irritate and cause a desire to blow the nose. Their whole history, appearance and situation are totally unlike syphilitic perforations. The edges often obstinately refuse to heal under any kind of treatment. A physician who consulted me had during 15 years experience of such a perforation in his own case, tried every possible method of treatment to heal the edges without avail.

LOCAL APPLICATIONS FOR NIGHT SWEATS.—*London Medical Record* (abstract) Dr. Radakoff found Tinct Belladonna very successful. His rules are. Apply freely so that the skin remains moist a lotion composed of one drachm of the tincture and one ounce of water. Undertake the rubbing not earlier than one or two hours before the usual time of occurrence of the sweats. This

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plan succeeded in 49 out of 50 cases. Dr. Nikolai recommends sponging of the entire body with a solution composed of 2 drachms of chloral hydrate in 2 glass fuls of equalparts of nates and brandy at a temperature of about 70° F. His best results were obtained in children suffering from non phthisical night sweats.

PULMONARY CONSUMPTION AND HIGH ALTITUDES.—*N. Y. Med. Journal*, Dr. Snow of Buffalo N. Y. writes from personal investigation, most favorably concerning Colarado, east of the Rocky Mountains. Of 202 patients having been ill 2 years before reaching Colorado, at the end of a year and nine months 47 *per cent.* were much improved, 22 *per cent.* slightly improved, in 11 *per cent.* favorable resistance to the disease and in 20 *per cent.* extension and advance. Patients, who reach Colorado in the stage of softening, are very often obliged to seek a lower altitude. Chronic pneumonia and fibroid phthisis are aggravated and contra-indication also exists in consumptives of advanced years and rigid chest walls. With regard to hæmorrhage Dr. Reed of Colorado Springs has analyzed 70 cases in his own practice. Of 34 patients in the stage of deposit 15 had bled before reaching Colorado and in only one did hæmorrhage recur. (These statisties are not accompanied by any statement as to how long the patients had been in Colorado). Of 34 in the stage of softening 17 had hæmorrhages before and 7 after living in the state.

With regard to sending consumptives away I have deduced the following practical rules, based on experience. In the stage of deposit or earlier stage, I urge them to go. When softening to a limited extent is present, I recommend, but do not urge. When extensive softening is present I recommend them to remaim at home. If unmistakeable laryngeal phthisis be present, no matter what the pulmonary stage is, the only possible chance for the patient is to remain at home for local treatment. A few claim thus to have at least delayed the fatal issue for several years. I have never known such a case to recover.

CHRONIC NASAL CATARRH.—*Medical News* April 4th, Dr. John N. MacKenzie of Baltimore gives the best classification of the various stages of chronic nasal inflammation that I have ever seen. It is as follows.

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I. Simple Inflammtory (Rhinitis Simplex) divisible into periods of
   a. Irritability of erectile tissue.
   b. Permanent dilatation of erectile tissue.

II. Hypertrophic (Rhinitis hypertrophia).
   a. Dilatation with hypertrophy.
   b. Complete hypertrophy.

III. Atrophic (Rhinnitir cirrhotica).
   a. Commencing atrophy.
   b. Complete atrophy.

To one who understands the subject this division it is unimpeachable and very practical I myself do not believe that III is always consequent upon II. I am however, alone in my opinion.

EMOLLIENT GARGLE.—*Union Medicale de Paris*, M. Jasiewicz recommends the following in the acute stages of the different forms of pharyngitis.

℞ Cherry laurel water.....60 parts.
Acelate of morphia.....I-20 parts.

A tablespoonful with two or three of warm water is used every ½ hour being held in the mouth and allowed to trickle over the pharynx, by holding the head far back. Two or three such baths render the pharynx much less painful.

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ARTICLE XII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the JOURNAL'S Stenographic Reporter.

SATURDAY, May 23rd, 1885.

DR. ATWOOD, President, in the chair.

DR. DICKINSON read a paper on Amaurosis. (See page 18.)

Treatment of Syphilis.

DR. JORDAN spoke on the propriety of the internal treatment of the initial lesion of syphilis. In true chancre he at once puts the patient upon constitutional treatment. He said: I know that there are good authorities which say this should not be done, and that the constitutional treatment should not be commenced until the secondary symptoms make their appearance. The following cases tend to prove the correctness of my positive: Two men had connection with the same woman and both got syphilis, that is, well marked chancre. They came to me at the same time and I commenced the treatment of them both, as I have stated, to heal up the chancre and also to adopt constitutional treatment. One of the men remained here, the other left the city on business. I said to the gentleman who left, "Perhaps after six or eight weeks you will have a constitutional affection, eruptions over the body, etc." At that that he was free from any sort of eruption. The other remained here; I treated him and he got well, in fact they both got well of the chancre; but the one who continued to take the constitutional treatment and who remained in the city had no secondary symptoms whatsoever, up to the present time, five years after the infection. The other man came back in about eight weeks with well marked secondary symptoms. I am firmly convinced that the treatment given the gentleman who remained here prevented the appearance of the secondary syphilis. He continued the treatment for a year, off and on. I cannot see that the constitutional treatment can do any harm. A few days ago a man came to me, he had been out of the city and, having been treated before for the similar disease which had been diagnosed as chancre, he said "Doctor, I was away and I was afraid that I had syphilis, having had a suspicious connection, and I applied caustic to this sore." "Well" said I "I don't know whether you have syphilis or not, I am not able to

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diagnose this case; if you had not made any application I might form the correct opinion; but you can do as you please, I will give you my advice, if I were in your place with one chance in a thousand that it was syphilis I would treat it." He said he wished to be treated. I would like to know particularly whether I am right in giving both the local and constitutional treatment at the same time in the beginning. I would like to hear from my friend Dr. Gregory on this subject?

DR. GREGORY.—When there is a doubt in my mind as to the quality of the sore I do not give constitutional treatment, where the sore is unequivocally a chancre I do give constitutional treatment. Now you may ask me, how do you tell? There is no question about the fact that many sores that appear to be soft chancres are followed by constitutional symptoms and these cases are doubtful cases, and I wait in those cases for constitutional symptoms to appear, because the man may get well without saturating his blood with mercury. This term, primary syphilis, is a very common expression but I do not know syphilis except as a constitutional affection. I suppose there is a time after inoculation before there is a constitutional condition which is essentially syphilitic, but I do not know when this time is, and when syphilis exists it is constitutional with me. But there are sores, local sores, about which I have a doubt and when I doubt I wait. There are others that are so unequivocally chancres that I do not think one can question with himself as to the thing at all. A man comes to me having a sore which is not a sore, that is a local manifestation without any soreness. I learn that chances are good that he has contracted syphilis, but that during the two or three weeks that have followed the suspicious connection he has considered himself well and made up his mind that he had escaped the possible dangers, and a single sore appears which is insensitive, a sore which furnishes very little pus, it is a single sore and is a hard sore, that is, it has very hard edges. Now I never have any doubt in my mind as to the character of such a sore as this. The man had a clear interval after the contamination of two or three weeks, probably three or four weeks or even six weeks perhaps, it is of a nature as just described; here I feel perfectly sure that I have a case of syphilis. I have thought for a long time that this word primary syphilis was an unfortunate term, because we always associate with it a local condition; but whilst there is a beginning to the thing there is no time practically when syphilis does not exist, and when syphilis exists, from my point of view, it is always constitutional, that is, it is a condition which is remedied only by constitutional agencies, and when a sore of the kind I have attempted to describe is presented, I attach very little importance to the sore itself. I at once begin to treat my patient constitutionally and I treat him with mercury. When one presents himself with a venereal sore, there may be several, and they are inflamed and they furnish pus

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largely, they are baseless sores, I would make up my mind that it is simply a local condition and I would treat it accordingly and when I am in doubt I insist that the patient shall wait because I have a doubt, but when I am assured that the thing is a chancre I am ready to treat it and always insist upon constitutional treatment. I have seen secondary symptoms occur when the patient was clearly mercurialized. In reflecting upon this matter I have almost brought myself to believe that a professional man is justified in assuming that all these sores should be treated as simple local sores and waiting for unequivocal constitutional symptoms before beginning the constitutional treatment. I can remember, years ago, when I felt that there could be no difficulty in the diagnosis of syphilis, I believed that there could be no difficulty at all, as to the course to pursue; but of late years I have seen so many sores that seemed to be nothing but soft sores, that were followed by secondary manifestations that I am often in doubt. It is in that class of cases that I would wait.

DR. HURT.—I believe there is a tendency in the minds of the most experienced syphilographers to believe that the disease is as nearly incurable as most any other disease. The late Dr. Hodgen entertained a doctrine very nearly akin to that idea, that once syphilized always syphilized, one syphilitic always syphilitic. Another point to be gained by the expectant plan of treatment and the addressing of remedies to the local manifestation is, that you give the system time to cultivate a tolerance for the virus. I suppose if a man had a tolerance for the syphilitic virus that while it would not manifest itself in his own system he could communicate it to some one else if the virus remained in him, but after he has attained to a tolerance of the disease the virus may disappear. The reason why we don't contact small-pox and measles and typhoid fever a second and a third time is that the system has reached a tolerance of the virus.

DR. BREMER.—I have in my possession a microscopical specimen of an indurated chancre which I received as a present from a medical student who was its owner. There is no doubt that it is a true Hunterian chancre, showing the characteristic histological structure of the granulation tissue. To-day it would not suffice any more to base a diagnosis on the characteristic of the granulation tumor. It would be necessary to demonstrate that the bacillus of syphilis was present, which has been satisfactorily demonstrated by Lustgarten, of Vienna, and has been verified by Weigert and Koch. This chancre, to which I refer, was excised by Auspitz, of Vienna, who pronounced it a true typical Hunterian chancre and that chancre was never followed by any secondary symptoms. It seems to me that the most rational plan of treating the primary sore or the chancre would be excision if it is feasible, that is, if it is so situated that it can be easily reached by the knife; for instance, on the prepuce, which is the most favorable site. According to the present doctrine of syphilis the

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primary sore called the nodule is certainly non-constitional. It is a primary sore, it a nucleus whence the organized virus goes into the lymphatics and there sets up a constitutional trouble by the distribution and multiplication of the bacilli throughout the system. We know that when we inoculate an animal with a pure culture of the tubercle bacillus, it will take from 11 to 14 days for that germ to reach its evolution. We know, clinically, that the virus of syphilis will take two to three weeks to reach its evolution; therefore, if immediately or a few days after the appearance of the suspicious nodule, being the hatching place of the virus, we excise it and excise it well, there is a probability that the sore will not be followed by any constitutional symptoms. This have been done time and again with greater or less success owing to the diversity of the place where the sore was situated. If it is in the fossa where the distribution of the lymphatics is very rich, there is very little chance of bringing about a thorough removal, but if it be situated on the prepuce where the lymphatic net-work is not so rich, there is a chance by excision of preventing general infection. I do not know whether there is any gentleman present who has resorted to this mode of treatment of the primary sort but if there is I would like to hear his experience as to this matter. I only know that in this case the operation was followed by a most excellent result, and it stands to reason that it will be the result in a great many other cases if the operation is resorted to at the proper time.

DR. JORDAN.—Do you know what length of time elapsed between the contraction of the disease and the excision of the chancre?

DR. BREMER.—No sir, I do not, but it was certainly done early and that probably accounts for the success of the operation.

DR. MCPHEETERS.—I recollect 30 years ago of having circumcized a man, who is now living in this city, a healthy man who has grand-children, for a very extensive chancre, it embraced so much of the prepuce that I thought that the best way to get rid of it was to circumcise him. He had a very redundant prepuce anyhow and I circumcized him very effectually. The wound did not heal by first intention but it cicatrized and he made a very good recevery. That man never had any secondary symptoms. I treated him constitutionally at the same time, but I do not remember how long. It was my rule at that time always to commence the constitutional treatment in all cases, giving the person the benefit of the doubt. This was a Hunterian chancre, however, and it was a very extensive one.

DR. A. GREEN.—If we consider the time of incubation of the soft chancre we will find it is about five or six days from the time of the infection, the Hunterian hard chancre takes about three weeks after the incubation. The next question which comes up is, is it also produced by germs or not. To decide this

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we have to take the virus of the soft chancre and try and inoculate another person: if we succeed in doing so then we must conclude that it must be produced by micro-organisms, because there is a general law in organic nature, as there a law in inorganic nature, that nothing can reproduce itself and multiply unless it possesses vitality, and if we can inoculate a soft chancre and from that, inoculate again it must be produced by some germ that possesses vitality. But the time of incubation is quite different in a hard chancre from what it is in the soft so that it seems quite evident that there are two kinds of micro-organisms. I think what Dr. Gregory has told us is good common sense based upon science. The fact that constitutional symptoms may break out again after a lapse of many years would conclusively prove that these germs of syphilis may remain latent in the system in some way or another, perhaps the soil was not fertile at the time for them to multiply but that when the system is changed they may take on their vitality and multiply and produce all the manifestations of secondary disease. We have some cases in which mercury has never been taken at all, the patients taking iodides and they have been cured. It is maintained by some that if no mercury be given in syphilis and a year or two elapse without any secondary symptoms appearing, they are well assured that none will appear.

DR. DEAN.—If it is possible to discover the existence of microbes in this disease or in any disease we find that we have added a new refinement to diagnosis and probably to the etiology of the disease. But it seems to me that the experiments were as thorough in previous years when the contagion was not supposed to be a living one as they are now, when we come to look upon this as a living contagion liable to spread through the lymphatics and into the system. My chief objection to treat patients constitutionally when I have satisfied myself that the true sore is present is that the patient never seeing any symptoms further are very likely to believe that they have no disease and they are unlikely to follow the treatment and I am not sure that the physician will not begin to doubt whether it is true syphilis, at least he is not strongly impressed with the necessity of keeping up the treatment as he is if the manifestations have presented themselves, and the medicine is not likely to be continued as it would be if these manifestations had appeared. I have seen two or three cases in which the treatment was persisted in quite vigorously and yet secondary symptoms appeared and afterwards tertiary symptoms.

DR. OHMANN-DUMESNIL.—We have heard a great deal about giving patients the benefit of the doubt and I am afraid that a great many of us do not do so in our treatment. There are a large number of cases on record in which the chancre was excised very early, as early as four hours after the appearance of the primary nodule, and still constitutional symptoms made their

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appearance at the regular time. Then again, cases have been mentioned this evening where after mercurial treatment, secondary symptoms made their appearance. If then you wish to give the patient the benefit of the doubt and there is a doubt whether the secondary symptoms will appear why not wait six weeks until they do appear. Of couse, it may be said that to wait six weeks would be just so much loss of time, but you lose a great deal more time if, after you have given the patient mercurial treatment two or three years, having commenced it upon the appearance of the initial sore, at the end of that time the secondary symptoms appear. You will have to begin treatment again. If you wait a few weeks until secondary symptoms do appear the patient will be convinced that it is syphilis and will be more likely to follows out the treatment. There are cases in which the patient will get well without any treatment at all, the recovery following spontaneously. Syphilis seems to be, in a great degree, self-limited.

DR. MOORE.—One of the first questions which a patient will ask the yhysician is, how long will it take to cure the disease, and judging from information which we have received to-night it is a quesiion that cannot be answered. I know a gentleman in this city who was treated for several years and then he had constitutional manifestations of the disease. Now these symptoms certainly could not be secondary, because secondary time has gone by but they were tertiary. These syphilitic contingencies crop out and every conscientious man will ask how long before I can safely marry? Nearly all these fellows are either engaged to be married or married, and I would like to have an intelligent answer to the question. Dr. Siegmund, of Vienna, used to say, at least I have heard him say, that after two years of persistent judicious treatment the patient would be cured of a case of syphilis just as truly as quinine would cure a malarial cachexy, and he was a man who was very well read on the subject.

DR. GREGORY.—I feel that it is impossible to tell when a man really is cured of the disease. When a patient asks me whether he is free from the disease or not after having had an attack I do not know how to answer it. If a man is going to marry and he seems to be well and has no manifestations of the disease I tell him to marry, and they rarely ever come back. After a man is looking well, I am not disposed to say you are not well. If he looks well I accept the fact that he is well and I do not feel disposed to assume that he is not. Dr. Jordan gives the patient the benefit of the doubt by giving him treatment. My rule in medicine and surgery has been to give the patient the benefit of the doubt by not treating him except in one particular condition, and that is hernia. If I am in doubt about the proper operation in a case of strangulated or incarcerated hernia I operate and give the patient the benefit of the doubt in those cases. I insist upon an operation, and this is the only condition in which I depart from the rule. Dr.

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Bremer sprang a very interesting and very important subject here to-night. Now I have always been supposed to be an old fogy. I got my information years ago and it has become very much settled. I have an idea that syphilis belongs to a certain class of diseases, for instance, such as vaccination. We take a little quantity of cow-pox and scratch the epithelium off and insert it into the arm and in the course of a few days we will see a local sore upon the arm where it has been inoculated. There is an inflammation set up there and the patient has a little fever and I say, this is merely a local evidence of disease which has taken possession of him; If a patient is exposed to small-pox to-day and I am consulted I would say vaccinate the party at once, because it takes the vaccine virus three or four days to possess the body and small-pox virus will not possess the body for a number of days later and I will anticipate this small-pox outbreak to modify his blood with a virus that will take hold sooner than this. This is what I have been in the habit of teaching and I suppose these notions have become set in my mind and I can not get rid of them and I will realize after awhile that I am an old fogy and I must believe now that I am. But to-night I am told that here is a chancre; that the patient has been exposed to inoculation; he is not conscious of any sickness. He is in Paris; he leaves Paris and sails across the ocean, that requires 10 days or two weeks; he reaches here expecting to meet his wife in New York and he goes to the closet some morning when he discovers a little sore. Well what has happened? why he was inoculated before he left Paris; there was a little scratched place and a little poison was deposited there and it, like the vaccine virus, has taken possession of the man. Now my idea about this matter is, that this poison is not confined to that chancre but that the chancre is simply a local manifestation of a disease which has taken possession of his body, even as the vaccine virus had taken possession of his body and the local inflammation was simply the local manifestation of it. I do not believe that these microbes which are said to be the producing cause of the chancre have remained in that one locality all this time and have not gone into the system at all, because they are too weakly to migrate, and that consequently the man is safe. On the same principle here is a man who is scratched with a lancet charged with cow-pox and he goes about for a day or two without any local manifestations whatsoever, but it is not true that this virus has remained in that locality, because it has been proven by experiment after experiment that if you, in a few minutes after the insertion of the virus upon the raw surface, cauterize it, it does not prevent the occurrence of the constitutional symptoms, the material is so settled that it passes into the body at once and the local sore is simply a manifestation of the constitutional trouble. As for this microbe business, God knows where it will lead us and what we are yet to accomplish through it. I am conscious that I am holding on to

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old ideas because I feel that I have something solid, something material, something practical to hold to which I acquired years ago, and I am not disposed to let go and go into this new idea without some drawback, and I do not believe that we can cut out a chancre and leave a perfectly clean body behind, I do not believe that it was ever done or that it can be done. I do not say that a hard lump, that an indurated site has not been cut out and no secondary symptoms followed, but I do not believe the chancre described by John Hunter, that was really and unequivocally a chancre was ever cut out and left a clean body.

ARTICLE XIII.

Book Reviews.

THE NATURE OF MIND AND HUMAN AUTOMATISM. By Morton Prince, M. D., pp. 173, [J. B. Lippincott & Co. Publishers. 1885.

When it is stated that this work is thoroughly materealistic, and holds that materealism is the highest "Code" that can be offered to man, its drift and purport can be readily gathered. When an author seriously attempts to show that mind is the product of brain-cell action, he clearly demonstrates that he has wandered far from the path of fact and truth. Is matter the basis of mind in God? He denies mind a spirit basis, and makes man but an automatic machine. Man is no more than what the physical forces of matter made him, and there is nothing in him that is foreign to the realm of matter and its forces. There is no independent spirit-ergo in him; and when he dies, we may be sure that he will "die all over." There is nothing of man in this life but an automatism, and absolutely nothing of him beyond this life. Evolution evolved him into being from nothing. This is called philosophy and the work of scientific inquiry! If so, there is such philosophy and science false and irrational in warp and woof. H. C.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS. By Lionel L. Beale, M. D. 8vo. pp. 356. Price $1.75. [Phila: P. Blakiston, Son & Co. 1885.

All of the "Derangements" have not been treated of in this volume but mainly those derangements and diseases which frequently fall to the province of the physician to treat.

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The general subjects are handled in a manner that is calculated to be exceedingly interesting to the reader.

In speaking of the "Besetting trial of our Boys" the author truly says: "For some reason or other, the medical adviser is not so generally regarded as the family friend and counseller as, in the interests of the public, he ought to be."

The author, unlike many other English writers, commends the use of the tricycle and bicycle for the young and does not see where harm is to come to the genital or urinary organs from the proper use of this new and useful means of exercise.

CLINICAL STUDIES ON DISEASES OF THE EYE. By Dr. F. Von Arlt. Translated by Lyman Ware, M. D. Octavo pp. 325. Price $2.50. [Phila: P. Blakiston, Son & Co. 1885.

With the exception of the mention of the new anæsthetic, cocaine, the text of this work has not been interpolated by the translator. It is not intended to take the place of any text book but is given to the profession simply in order to throw more light upon subjects that have engaged the authors mind and attention for nearly half a century, which from his position in hospitals in Vienna, can not fail to be both interesting and instructive to the profession generally and to those engaged in this specialty particularly.

SANITARY SUGGESTION or How to disinfect our Homes. By B. W. Palmer, A. M., M. D. Price 25 cts. [Detroit, Mich.: Geo. S. Davis.

This is a neat little pamphlet treating of disinfectants, etc., arrayed for popular reading. The author commends the antiseptic preparations of Parke, Davis & Co.

It would be well for all families to become acquainted with these rules for easy and effectual disinfection laid down in this little work.

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Books and Pamphlets Received.

Article XIV.

The Influence of Sea-Voyaging upon the Genito-Uterine Functions. By J. A. Irwin, A. M., M. D. Read before the N. Y. County Med. Soc.

A method for Determining the proper time of Exposure (in photographing). By Reynold W. Wilcox, A. M., M. D. Rept. Anthony Photographic Bulletin.

Fifth Annual Report of the Thomas Wilson Sanitarium for Children, of Baltimore City. 1885. Made by William D. Booker M. D., Physician in charge

Some Interesting Reflex Neuroses, with treatment and comments. By John J. Caldwell, M. D. Reporter *Va. Med. Monthly.*

Report of Epidemic of Typhoid Fever, of Plymouth, Pa. By E. O. Shakesphere, M. D. Reporter Proceedings Phila. Co. Med. Soc.

Skedule of Section on Mechanical and Orthopedic Surgery. By Prof. Milton J. Roberts, M. D. at N. Y. Post-Graduate school of Med.

Proeeedings of the Twentieth Annual Meeting of the Assoc. of the Allumni of the Albany Med. Col.

Albany Med. College Announcement for 1885--86.

Medical Dept. Univ. of Georgetown. 37 Annual Announcement.

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Notes and Items.

Article XV.

The Treatment of Whooping Cough.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital ("Medical News"), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm or two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

Wooster College conferred the degree of LL. D, as Dr. H. Z. Gill of Cleveland, Ohio. The many friends of Dr. Gill in Ill., where he formerly resided, will be pleased to hear that he has been thus appreciated in his new home.

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THE SAINT LOUIS
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Original Contributions.

ARTICLE XVI.

RHINOLITH.* By P. W. LOGAN, M. D. of Knoxville, Tenn.

Miss A. T. age 32 applied to me for relief from nasal trouble during January, 1885. On examination found considerable inflammation in left nasal fossa attended with a most offensive rather dry purulent secretion. There was comparatively slight inflammation in right nasal fossa. Notwithstanding the fact that the great amount of trouble was confined to left side, I at first suspected ozœna and did not detect the true condition until I had, on several occasions, failed to remove the supposed secretion which proved to be a nasal calculi covered in front by the most offensive yellow secretion imaginable. After using various detergents and failing to clear the passage I wrapped an applicator with absorbent cotton which I saturated with vaseline and passed it back and forth in order to free the passage. In doing this I detected the calculi by the impression communicated to my fingers as the applicator came in contact with it. The history of this case as related by patient and her parents is as follows: to wit,

During infancy this patient introduced into left nasal fossa a slate pencil which was removed by pressure from without. There could have been no part of the pencil left remaining in the fossa. No special inconvenience arising from nasal difficulty was experienced until eighteen years of age, at which time the trouble began with a cold attended with a watery discharge which continued for two weeks, after which a yellow offensive discharge was present continuously until the removal of the calculi.

* From advance sheets of Rumbold's "Hygiene and Treatment of Chronic Nasal Catarrh.

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Had headache in loft side of head so severely at times that she could not get relief except by having the head bound tightly for hours. The disease did not grow worse but remained the same year after year. The treatment during the past fourteen years consisted in the use of the nasal douche inhalation and internal remedies. Suffered a great deal of pain, uneasiness and discomfort during the existance of the trouble, which was aggravated by menstruation or other sickness. Frequently had sore throat during the past year or two on taking cold. Was four years in Oregon where she was more comfortable. Afterwards resided five years in Colorado during which time the general health seemed better but the nasal trouble was aggravated by dust which is so abundant there. Traveling upon the cars always increased the trouble.

Both patient and parents are confident that no other foreign body ever entered the nose. As soon as the presence of calculi was discovered, I proceeded to remove it—Instruments used were Grosses scoop and a small but strong pair of forceps. Piece after piece was removed until the fossa was thoroughly cleared, after which the inflammation and fetor rapidly disappeared under the use of vaseline and emulsion of oil of eucalyptus, applied by Rumbold's sprays nos. 4, 5, 1 and 2.

In removing the calculi which was composed of mucous and phosphate of lime I suppose one third of it crumbled under the pressure of the forceps and was not preserved. The remaining portion of the calculi, after it thoroughly dried, was weighed by A. A. Yeager (a druggist) who reported its weight to be forty-three and one-half grains. In removing this rhinolith I endeavored to bring the long axis of the larger pieces in line with the long axis of the fossa, therefore had very little hæmorrhage. Completed its removal at two sittings, two hours and one half being consumed in the operation. The rhinolith occupied the inferior meatus of the fossa.

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Article XVII.

Surgical Treatment of Infants.* By DeForest Willard, M. D., Lecturer on Orthopædic Surgery, University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc.

First of all, must the children's surgeon acquaint himself with the anatomy of the child. This is rarely done, as the ordinary adult dissections during a college course give little idea of the size and position of the individual elements as seen in the infant. In consequence of ignorance upon this practical point, many grievious failures have occured. After unusually large opportunities for the study of both normal and abnormal tissues in the diminutive frame, I am still frequently surprised to note the exceeding smallness of different organs and canals.

Another essential element in the surgeon is tact in the management of the little ones, especially when dealing with those between the ages of two and ten. In hospital cases but little history is attainable, and much depends upon quick perception. Naturally fearful of pain, the patient's mind must be diverted and engaged, or great difficulties in diagnosis will often occur from the fright and struggling. The operator not in sympathy with children can never secure their confidence. Much will often be gained by quiet observation. It is not a month since my opinion, which at the first few moments of the consultation had been favorable to tracheotomy, was changed by five minutes close watching, and the result proved the correctness of the procedure. To the person, however, who will carefully study individuality as well as disease, no department of medicine offers so pleasant a return for his labors. My personal experience with children has perhaps made me more hopeful in regard to the power of such individuals to endure pain, shock and disease, than would be indicated by the expressions of other authors; but to me there is no demain of surgery so attractive and gratifying as the treatment of children below the age of puberty. Their natural con-

* Abstract of paper read by invitation before the Philadelphia Obstetrical Society, June 4th, 1885.

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dition is that of hopefulness, and as soon as the depressing influence of shock, pain or fear is removed, the normal resiliency of mind and body asserts itself with such rapidity that the results are often surprising.

Again, a child has only inherited taints of constitution to contend against, his viscera are ordinarily in a healthy condition, an adult has not only hereditary, but all the acquired vices occasioned by misuse of any organ or sets of organs, a circumstance which often turns the scale in the struggle between life and death. Take, for example, the single instance of the outraging of tissues by either the moderate or the excessive use of alcohol, and every surgeon will testify that even slight wounds may, in such an individual, quickly develop a fatal attack of mania-a-potu.

Tetanus is not more frequent in infants than in aduls, notwithstanding the tendency of the former to nerve excitability.

In regard to anæsthetics, my experience is that great benefit is obtained by the use of ether when pain can thereby be prevented. In the first weeks of existence, I admit that a feeble vitality would contra-indicate its use, although I have successfully administered it to a three days old infant. After the first or second month, I see no reason why we should needlessly inflict pain upon an infant simply because we can control it by brute force. In the examination of fractures, great suffering is often inflicted by careless and frequent manipulation, and unless the diagnosis is easy and positive, unconsciousness should be produced. No case of bone injury should ever be passed by undiagnosed, when ether will solve the question.

In the opening of abscesses, the "primary quieting influence" of ether is so readily obtained that it should be brought into use whenever practicable, as keenness of pain can thereby be avoided.

Fear plays an important part and may depress the child's system even more than pain, hence great caution should be observed that all knowledge of any operative procedure should be guarded against. When the day for action arrives, let the surgeon quietly and gently state to the little one, if it has arrived at years of reason, just what it is proposed to do, at the same time assuring him that no pain will be experienced, and if such words be followed by firm, speedy and judicious management, much agitation and fear will be avoided.

All preparations should be made out of sight and hearing of the patient and instruments need never be seen by him, except

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when a strong impression is intended to be made upon the mind of a masturbating boy, requiring circumcision.

One word in regard to the method of anæsthetization. It is but natural that a child should be distrustful of any attempt to deprive him of consciousness, a fear which is greatly increased by the injudicious and greatly to be condemned habit of many parents, who systematically threaten their offspring with the expression, "the doctor will come and cut your head off." A few kind words will often quiet the agitation, and simple directions as to the method of breathing, will save many minutes of struggling resistance. With very young children, the first smell of ether may be masked by permitting them to see cologne poured upon the towel after which ether may be quietly added and they will feel that it is a perfume that they are breathing. This device has frequently served me a good purpose. I always allow a good admixture of fresh air for the first moment, but when the child actually begins to cry, then quick action answers best. The towel should now be well saturated and held firmly over nose and mouth until two or three strong screams and inhalations will yield a full primary impression which can be gradually followed up to complete anæsthesia with safety.

Should any symptom of ether narcosis occur, it is so easy to depress the head of a child or to perform artificial respiration by acting upon the ribs, that serious accidents are infrequent. Subsequent vomiting is very common but is not persistent and is easily quieted by a small hypodermic of morphia, a procedure which ordinarily brings quiet sleep to the patient. If the child is feeble, I always allow milk up to within two or three hours of the operation, and then administer wine or whisky in water immediately before giving the anæsthetic. Milk with lime water and whisky is usually retained within ten minutes after the first vomiting on rousing. In tedious excisions, not only should preliminary precautions be taken to secure against prostration by shock, but hot water bags should be ready for use, which with hypodermics of brandy, may succeed in tiding over a temporary depression which would otherwise end in death. When the loss of blood has been great, especially in acute surgery, important assistance may be gained by transfusion, either of blood or of a warm saline solution.

Under the head of arrest of hæmorrhage, I would strongly advocate the use of animal ligatures, since the pain often incident

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upon the removal of threads, greatly disturbs the needed quietude of wound and mind.

Thorough asepsis and antisepsis are especially valuable, since we not only secure the admirable results that are attainable by their use, but are also enabled to disturb the child with far less frequency. I am now treating a girl with a railroad crush of the leg which would thoroughly have justified amputation, yet which under corrosive sublimate dressings has not been touched but six times in as many weeks even though extensive sloughing has occurred. Save, upon one occasion, at the height of the process of tissue death, the applications have been taken away perfectly sweet, and the child has the promise of a reasonably good limb. In my *ante-septic* days, I certainly was never able to carry a patient through such a process and keep the temperature as has been done in this case, below 99½° all the time, and usually but slightly above 96°. With infrequent dressings, the irritation of the child is but slight, and if pain is also absent, contentment is the rule, under proper nursing.

I cannot too strongly emphasize the importance of this latter condition. A kind, quiet, gentle nurse, is one of the most valuable assistants in the real progress of the case, especially during the first week following operation. Such care cannot be delegated to untrained and careless people, hence it is absolutely necessary that children should be in separate hospitals, or in separate wards, under the best of care takers. Even in private practice, the mother is rarely the best nurse for a child past two or three years of age, and a skilled attendant answers best. In hospital practice, I have often been surprised to see how contented and patient the majority of children of even three years of age will become, if the mother maintains a judicious absence and the nurse is efficient and kind.

Another point which I wish most emphatically to emphasis to-night is, the fact that congenital defects are most inexcusably and persistently neglected by even good practitioners. Either under the mistaken opinion that nothing can be done, or that a later period will be early enough. The consequence is that many unfortunates become helpless and hopeless cripples by their physicians advice, since passing out of his sight and mind, the neglect engendered by his direction, "wait," is fostered by parents, ever ready to postpone a dreaded day.

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Correspondence.

Article XVIII.

LONDON LETTER.

Excision of the Knee Joint.—The Operation as Performed by Sir Joseph Lister, Bart.

Editor Journal:

I send you, for the columns of your Journal, some notes of an operation for excision of the knee joint. The subject was a boy 11 years of age who suffered from an affection of the knee joint for the past five years. The diagnosis elicited a strumous degeneration of the synovial membrane. There was no ankylosis. The limb was in a crooked condition for years which prevented a forcible straightening and consequently rendering it of little use to the patient.

In consequence of the non-use of the leg, the vascular and nervous supply was so interfered with, that great shrinkage had taken place.

A rubber band was tightly drawn around above the knee joint, pressure being exerted by the hand of an assistant on the femoral artery so as to prevent any hæmorrhage that otherwise would occur. The "hamstring muscles" were now divided at their insertion. An assistant, at the foot of the patient, grasped the foot of the limb to be operated upon, so as to retain it in a position suitable for the operator. An upper incision was made through the integument and muscular structures down to the bones.

The periosteum being separated from the bony structures in the usual way, the proximal end of the tibia and the distal end of the femur were sawed through and the diseased joint removed. The tibia was sawed through perpendicular to the axis of the limb; the femur in a plane perpendicular to the axis of the trunk, and cut vertically. Upon examination of the diseased joint a quantity of "old pus" was found, showing the remains of the old affection still in existence.

By forcible extension it was found impossible to straighten

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the limb so as to bring the bony parts in apposition: an additional half inch of bony structure was removed, which permitted the operator to straighten the limb and bring the bony parts in a suitable position so as to avoid any tension.

When it was found that sufficient bone had been removed the rough edges were trimmed and all shreds of muscular tissue removed. The wound was now carefully cleansed, and all bleeding vessels that had previously been picked up with the artery forceps were carefully tied with cat-gut sutures. There was slightly more interoseous hæmorrhage than is usually met with.

A large silver wire was passed through an opening made in the proximal end of the tibia and the distal end of the femur with the usual instrument (a shoemaker's awl); the silver wire was then tightly drawn and securely tied, bringing the bones in close proximity, the ends were hammered down into the bony structures, to prevent any irritation that might follow were this procedure omitted.

An opening was made for drainage by forcibly pushing a pair of closed dressing forceps through the wound, leaving an opening through the integument in the popliteal space, through which a drainage tube was inserted. By using the dressing forceps, all danger of wounding vessels or nerves is avoided. The wound was now closed by bringing the improvised "flaps" together by the aid of eight silk sutures. Additional drainage tubes were inserted into each angles or end of the wound.

The usual antiseptic dressings were applied, and a number of layers of Listers antiseptic gauze was swathed around the limb, and secured with a roller bandage. The limb was now encased in a Goutche's splint, and patient removed from the operating table.

Chloroform was used, requiring eight minutes before the patient was fully impressed. The operation was commenced and completed in forty-five minutes. Sir Joseph Lister took occasion to say, that it was of the utmost importance to save as much bone as possible, being careful, however, to remove sufficient to avoid any tension; on the amount of bone removed depends the greater or less amount of shortening in the limb.

The wiring of the bones produced increased steadiness, and does not cause any irritation. To-morrow the dressings will be carefully removed under carbolized spray, and a plaster paris dressing will be put on with the usual iron anterior splint. The

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Goutche splint again applied and an opening left for drainage. The antiseptic treatment is carefully observed on removing and reapplying all dressings so as to avoid septic conditions. Sir Joseph Lister observed *his full antiseptic* precautious throughout the entire operative interference. Through the courtesy of Mr. Lister I was present at the removal of a number of dressings from patients who had been operative upon, full "listerism" being observed, where before the operation the discharge was *pus*, and in every case, though six to ten days after operation the character of the discharges was serous. On examining carefully the drainage tubes, no serum or coagulated blood was found.

Mr. Lister attends personally to his antiseptic precautions, applying, removing and reapplying all dressings on completion of the operation up to the fifth or sixth day after; and then only entrusts the case in the hands of a trained assistant. I am very sorry to say that some of the large Hospitals here ignore Lister's antiseptic precautions—though I have witnessed grave septic conditions in Hospitals where "listerism" was not used—and in no case where full antiseptic precautious were observed.

London, 1885. Wm. B. Meany, M. D.

THE TREATMENT OF HEMORRHOIDS BY INJECTION.—In an instructive clinical paper in the July number of *The American Journal of the Medical Sciences*, Dr. Charles B. Kelsey, of New York, urges the treatment of hemorrhoids by injection of carbolic acid. After an ample experience this has become his routine practice, and in all his cases he has never known a patient to abandon the treatment after it was begun, and he has never failed to effect a perfectly satisfactory cure by it, and he has never had an accident of serious nature with it.

He uses three solutions, one of 15 *per cent.*, one of 33 *per cent.* one of 50 *per cent.*, and sometimes he uses the pure acid. In a severe case he begins with the stronger ones, in a mild case with the weaker.

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Article XIX.

Editorial Department.

Frank M. Rumbold, M. D., Editor and Proprietor.
COLLABORATORS:
H. Christopher, A. M., M. D., Medical Subjects.
Frank L. James, Ph. D., M. D., Translations and Microscopy.
A. H. Ohmann-Dumesnil, A. M., M. D., Translations and Dermatology and Syphilis.
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If any of our Subscribers have an April number, 1884, of the Journal that they do not want, we would be pleased to have them send it to this office.

CORRECTION.

In Dr. Benkendorf's Article on Aconitine, on pp. 32 of our July issue, we make the Doctor prescribe $\frac{1}{4000}$ grain of Merk's Amorphous Aconitine at a dose instead of $\frac{1}{400}$ as it should be.

SANITARY CONGRESS IN ROME.

If we may believe the German Medical Press, which makes the avowal with great unanimity, the recent Sanitary Congress in Rome was singularly abortive in its results. From the very moment of convention it was plain that there were such wide and radical differences existing between the representatives from the various portions of Italy, not merely in matters of detail in scientific sanitation but in the political and economic measures

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suggested, that there was absolutely no scientific discussion, and the congress adjourned without having effected a single thing. And this too in the face of the fearful enemy now ravaging the neighboring realms of France and Spain.

GENERAL GRANTS UNFAILING CONFIDENCE.

General Grants last illness illustrated not only his great fortitude and patience, but also one of his remarkable traits, that of confidence. Probably no one was more circumspect in placing his confidence than the General, but once having placed it, it required the strongest of reasons for its recall. This was shown when, after the happy exhibition of cocaine, the symptoms of his malady were so far ameliorated that even some members of the profession doubted as to the correctness of the diagnosis, while the laity, ever ready to fawn upon the profession when their services are needed and anon to turn against them when not needed or when their decisions are at varience with their own *learned* opinion, denounced the physicians in charge, he retained the utmost confidence in his attendants. If this confidence could be infused into the masses, how much better would be the health of the people and how much easier would be the physicians task.

THE ROYAL MEDICAL SOCIETY OF BELGIUM.

The sixth annual session of the Royal Medical Society of Belgium will take place at Anvers on the 26th of August next. The occasion will also be marked by the opening of the Universal Exposition at Anvers and, naturally enough, it is expected that there will be a very large concourse of physicians, not only from Belgium but from all other parts of the world. No society in Europe is doing more good, honest work for the advancement of medical science than is this one of Belgium and the sessions, which will last for four days, are certain to be marked by a very high order of work. We most sincerely regret that circumstances will not admit of our accepting the most courteous invitation received from the President, Dr. Kuborn, to be present and par-

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ticipate in the meeting. The society is under the especial patronage and protection of His Majesty, King Leopold II, who has submitted the following question as the subject for the opening debate. "In the present state of epidemiological science what are the most practical measures of international prophylaxis to be taken against pestilential maladies, and especially by Belgium?" It is expected that the discussion of this question will take a wide range and that it will probably occupy several days. A very wise precaution against the expression of hasty and ill-digested opinions and the consequent loss of time in discussing them has been taken by the society, and their action in this matter marks the good hard sense that has always been a characteristic of the Belgians as a people. The question to be discussed has been submitted to the local societies all over the realm and has already been the subject of much earnest thought and debate. We may therefore look for valuable practical results from the approaching meeting at Anvers. F. L. J.

FERRAN A FRAUD.

In our DEPARTMENT OF MICROSCOPY last month the editor expressed himself very clearly concerning the so-called cholera inoculation of Ferran, and did not hesitate to say that in view of all that had been said and written by Ferran and his critics, favorable and otherwise, he considered the Spaniard a charlatan and a fraud of the worst description. The article was written fully six weeks before its appearance, and in the light of recent developments the opinions there expressed have been borne out to the letter. An American physician, who is a student with Dr. Koch, in Berlin, made a journey to Spain expressly to investigate Ferran and his inoculations. He went in the interest or as correspondent of the *Chicago Tribune* to which journal he writes from Barcelona detailing his experience with Ferran and his assistants. The article is a long one and we need give only the outline of the results attained.

Introducing himself as an American and a student of Koch,

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he was met with the abrupt request of Ferran to state his business. "I would like" said he "to know something of your inoculations—and—" The sentence was not finished. The inoculator interrupted him with "I do not propose to acquaint you or any one else with my secret. It is my property and is not to be revealed, though ultimately I may sell the right to use it in other countries than Spain."

The conversation terminated right here, for Pauli, the 'assistant inoculator' opened the door and motioned the American interlocutor to leave. "You would steal my secret." was the parting salutation of the Spanish scientist.

But with American determination the student resolved to try other tactics. Going to a clothier he hired a workman's suit, apron and all, and returned for inoculation. This time he was graciously received, because he came, money in hand, in the garb of the class that has furnished these precious scoundrels with the great majority of their victims. The assistant took him in hand and in the words of the student he "jabbed a sharp bistoury under my skin at a point just above my left elbow in a business like manner. Then he took a bit of brownish unguental substance and inserted it under the integument, covering the wound up with a wafer of sticking-plaster, the whole proceeding reminding me of a rude way of vaccinating to protect from smallpox."

The operation completed the fellow told the student that an eruption would appear at the seat of the inoculation and that 'induced cholera' (in the shape of a violent catharsis) would ensue. As an adjuvant he gave the victim three pills, one of which was to be taken at the end of of 36 hours, another in 72 hours and the third at the end of 108 hours.

Hastening to his hotel the student tore off the plaster, scraped off all of the unguent that he could get, and examined it carefully. It consisted of croton oil, elaterium and vaseline, with perhaps other ingredients. The pills consisted of the same dras-

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tic hydragogue cathartics. Is there any wonder that he was told he might expect *induced cholera*?

In what other civilized country beside Spain could such barefaced villainy be practiced upon thousands without being detected? What punishment is adequate for such infamies? Let us hope that we will have no more learned discussion of the *peronospora Ferrani* and that the press, medical as well as secular, will unite in demanding the arrest of these immeasurable scoundrels.

ARTICLE XX.

Medical Progress.

THERAPEUTIC NOTES.

ENURESIS NOCTURNA.—Dr. Willim says (in the *Med. Chirurg. Rundschau*) that in the nocturnal enuresis of childhood he has found no remedy to equal the tincture of the sesquichoride of iron in doses of from 5 to 10 minims administered 3 times a day.

MOTH AND TAN marks may be removed from the face and hands by a mixture of equal parts of lactic acid and glycerin. Sour buttermilk has been a domestic remedy, in this connection, for many years. Its efficiency is due to the lactic acid contained by it.

VENEREAL WARTS.—Nusbaum treats venereal warts by washing them thrice daily in salt water and afterward sprinkling them with calomel. The mild chloride of mercury in contact with the chloride of sodium is converted into the bichloride, which is the remedial agent in the treatment.

A NEW ANTISEPTIC.—Senor Baez, in the *Cronica Med. Quirurg de la Habana*, says that helenine, the alkaloidal principle of *inula helenium* has most remarkable antiseptic powers. It is especially

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applicable to gynecological and obstetrical practice, a solution of 1 part of helenin to 1500 parts of water being quite strong enough. Senor Baez says that "this solution in retained placenta worked wonders."

VOMITING OF PREGNANCY.—The latest remedy for the obstinate vomiting of pregnancy is the hydrochlorate of cocaine. Dr. Holtz (*Algem. Med. Wochenschr.*) says that in a case where, everything having failed, he had determined to produce abortion, but at the last moment thought of cocaine. He gave the patient 10 drops of a 3 *per cent.* solution, and had the satisfaction of finding the vomiting under control.—*Nat. Druggist.*

ANDIRINE, A NEW ANTHELMINTIC.—The active principle of *andira inermis*, a glucoside called andirine, is said by Midy to be a most certain anthelmintic. A decoction of the bark is also recommended as a vermifuge in the *Gazzetta degli Ospitali.* It is made by boiling 30 parts of the bark in 250 parts of water until the decoction has a fine wine color. The dose of this decoction for an adult is about 2 ounces (60 grams), taken in the morning, fasting.—*Nat. Druggist.*

LEUCORRHŒA.—Cheron praises *inula campana* as a remedy in leucorrhœa. In an article in the *Revista Clinica* he recommends that it be used in the form of an infusion—½ ounce of the root to 6 ounces of water, injected at one 'seance' in the morning on arising. It may also be used as a powder, insufflated once or twice a day. The fluid extract, plentifully diluted with warm water, would seem to be more convenient and equally as good as either plan.—*Nat. Druggist.*

A NEW ANTI-EPILEPTIC AND NERVINE, said by the Spanish and South American medical journals to be of great value, is the fruit of a species of caper, the *capparis corriacea*, a native of Peru. It is used in the shape of an infusion, 3 drams of the powdered fruit infused in good red wine being a dose. It undoubtedly possesses considerable sedative power and is valuable in hysteria and similar nervous disorders, and is relied upon by native physicians as a powerful agent in preventing epileptic attacks.

A REMEDY FOR ASTHMATIC PAROXYSMS.—Prof. Germain See

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has of late been experimenting with pyridine as an inhalent in the paroxysms of asthma. This substance, which is one of the products of burning tobacco, is a colorless fluid of a very penetrating odor. It is obtained in quantity in the dry distillation of organic matter, and is used as follows: A teaspoonful is poured on a handkercheif and the asthmatic patient is made to inhale it three times a day for thirty minutes each time.

DRESSING FOR BURNS.—Altschul, says that of all the dressings he has ever used for burns, the following is the best:

℞	Bol. alb.....	parts 30.
	Ol. lini	" 30.
	Liq. plumb. diacet.....	" 20.
	Iodoform, 8 parts to.....	" 16.

The bole must first be mixed with the linseed oil (or olive oil, if the first is not convenient), as otherwise, when brought into contact with the liquor plumbi, it forms an insoluble mass.—*Prager Mediz. Wochenschrift—Nat. Druggist.*

THALLIN AND ITS SALTS.—Among the more recent products of synthesis in the chinoline group, thallin seems destined to retain a place in medicine superior to its analogues kairin, antipyrin, etc. In the *Centralblatt fuer klinische Medizin*, Dr. Alexander recently gave an analysis of 14 cases of fever treated by him with thallin and its salts and, as a result, he declares that the new remedy is an antipyretic, pure and simple, of *kolossale Intensitaet* (colossal intensity). In every case where it was administered it lowered the temperature from 3 to 6 and even 7 degrees, within the space of a few hours. Unfortunately its effects are evanescent, and must be maintained by continued dosage. Its exhibition does not seem to be followed by the unpleasant and harmful train of sequelæ which have been observed after the administration of kairin and antipyrin. In addition to this article of Dr. Alexander, Prof. Jaksh, of Jena, who has been making most exhaustive experiments with the synthetic alkaloids of the chinoline group, has recently published a monograph on the comparative merits of thallin, antipyrin and kairin and unhesitatingly gives the preference to thallin, having found that it lowers the temperature through a wider range, keeps it down longer, is more certain in its action, and, apparently, has no evil sequelæ.

NARCEINE FOR WHOOPING COUGH.—A writer in the *Tribune*

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Medicale says that there is one remedy which can be relied upon to assuage the paroxysms of whooping cough, and that is narceine, administered in pills of ⅛ grain, or what is better for young infants, according to the following formula:

℞ Narceine.....grn. 1.
Simple syrup.....ʒ 4.
Acetic acid, enough to dissolve.
Mix.

The dose for very young children is from 1 to 2 teaspoonfuls, and for older ones in proportion. As much as ½ of a grain of narceine may be administered to a very young infant in the course of twenty-four hours without danger. The editor of the *Tribune* says that the attacks of cough coming on at night are almost certainly avoided by use of this remedy.

As narceine is but sparingly soluble in acetic acid it seems to me that the amount of that acid required to make a solution of the drug is far in excess of what should be given to an infant, The hydrochlorate of narceine, on the contrary, is extremely soluble, and hence a much better formula than the above is as follows:

℞ Narceine.....grs. ij.
Simple syrup.....ʒiv.
Acid hydrochlor q. s. u fiat sol. M.

The dose for young infants is one teaspoonful. It will be found to be the best remedy ever used in whooping cough.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins *of the French and German Societies, and Academies.*

THYMIC ACID.—Messrs. Mairet, Pilatte and Combemal having injected thymic acid into the veins of certain animals, found that death ensued whenever the dose exceeded 3 centigrams to each kilogram in weight of the animal experimented on, or say about one-fifth of a grain to each pound. The symptoms observed were somnolence, anæsthesia, muscular spasm, tremblings, convulsions etc. *Bulletin de l' Academie.*

INJECTIONS OF UREA.—M. Quinquaud in continuance of his experiments with the intra venous injections of urea, the first part of which have already been published by us, states that

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when injected to the extent of 2 grams to each kilogram in weight of the animal, the temperature falls and nutrition ceases. When the animal is killed and examined the tissues which normally contain no urea are found to be quite rich in that substance. *Ibid.*

TAIL OF THE HUMAN EMBRYO.—M. Fol communicated the results of his researches on the tail of the human embryo. By the word tail he meant the collection of vertebræ situated below or behind the sacrum. In the embryo the number of the vertebræ is greater than in the adult, and in the earlier stages of embrional life than in the latter ones. Indeed, these supplementary organs have but a very ephemeral existence—thus in an embryo of 9 to 10 mm. there are 38 vertebræ. At 12 mm. (say 6 weeks) the number has fallen to 35; at 19 mm. 34, the 34th being the result of the fusion of the 4 last. During the 5th and 6th weeks of its development the human embryo then is provided with a tail, conical and elongated, which should be classed in the number of representative organs. *Ibid.*

DIPHTHERITIC AFFECTIONS OF ANIMALS.—At the seance of July 8th of the Academie des Sciences, M. Colin presented a memoire on the diphtheritic affections of animals. The author stated that he directed his attention first to the determination of the question, whether diphtheria could be communicated from the human subject to the lower animals. His experiments were made on pigs, as experience had demonstrated that the porcine genus is peculiarly liable to a pseudomembranous angina analagous to diphtheria of the human being. Contrary to his expectations he was utterly unable to reproduce diphtheria in these animals—a result which demonstrated that the pseudomembranous affection of the hog is entirely different from that of the human being. Carrying his experiment into another field; viz, with barnyard fowls, he found that they yielded readily to the infection. A series of differential experiments proved that the secretions of the diseased mucous membranes, the exudations of these membranes and of different viscera are exceedingly virulent in their power of infection. The blood and intestinal mucus are less active.

INSUFFICIENT LACTATION, AND THE VALUE OF DRUGS IN ITS TREATMENT.—Dr. Dolan, in the *Allgem. Wiener Medizinische*

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Wochenschrift, gives a very complete study of the phenomena of lactation and the influence of drugs on the lacteal function. The following are his conclusions: 1. All therapeutic measures directed at or against disorders of lactation must attain the desired end through the medium of the circulation. The lacteal function can be reached only through the blood. 2. All the liliaceæ, the cruciferæ, the solanaceæ and the umbelliferæ pass first into the blood and thence into the milk. 3. There are absolutely no true galactagogues; even jaborandi, which approaches nearest, is uncertain. 4. Belladonna is an antigalactagogue. 5. The proportion of salts contained in milk may be altered by medicaments. 6. Diuretics, purgatives etc. may be administered to an infant through the maternal milk (*i. e.* by administration to the mother). 7. The quantity and quality of milk depend upon dietetic and hygienic conditions.

The causes of insufficient lactation are 1. the insufficiency of the glandular utriculæ or of epithelium. In these cases treatment is futile. General plethora must be treated by diet and castor oil. 2. Torpidity of the mama. This may be combated by electricity, warm cataplasms etc. 3. Anæmia and insufficient alimentation—conditions which suggest the proper method of treatment.

Dolan lays great stress upon the importance of dental caries as a factor in insufficient lactation (the inability to masticate food arising from dental caries, preventing a proper digestion of the ingesta, and hence a default in nutrition). In the matter of lactation and ability to furnish abundant nutriment to their offspring Dolan says, that country women are far superior to city bred women—a fact which holds good in America as well as Austria.

THE USES OF THE THYROID GLAND and the part played by it in the animal economy have been a favorite study with physiologists for many years, but up to the present the problem has remained almost entirely unsolved.

In the *Gazetta degi Ospitali* for June 3rd, 1885, however, there appears a *nota preventiva* from M. M. Albertine and Tizzoni which sheds considerable light on the question, and leads us to await with much anticipation the full report of their labors. The animals experimented on were rabbits and dogs, and like other experimenters in this direction, notably Schiff, the authors found that the former (rabbits) survived the ablation of the thyroid much more frequently than the latter, though, as compared with

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the results obtained by others, they had a far larger percentage of dogs to survive than was hitherto deemed possible, viz. 4 out of 23, or nearly 18 *per cent.* So far as the physical phenomena observed after removal of the gland are concerned, the results obtained do not differ materially from those of their predecessors. There were tremors, convulsions, hyperæsthesia, failure of assimilation of food, dilatation of the pupils, reddening of the ears, temporary cutaneous pyrexia, difficulty in mastication, kerato-conjunctivitis and great disturbance of the respiratory function. The series of phenomena indicative of the last were very marked, and consisted of dispnœa, spasmodic contractions of the abdominal muscles and rapid increase of the frequency with disturbances of the rythm of inspiration and of the pulse. In addition to these phenomena, most of which have been observed before, there was albuminuria, which is an entirely original observation. An examination of the blood disclosed the fact that the fluid in the arteries and veins was the same, in other words that the venous blood had not been oxygenated sufficiently to convert it into arterial blood, and in this condition of the blood the authors find an abundant explanation of the phenomena as recited. To prove that the quantity of oxygen drawn into the lungs did not depend on any mechanical obstruction the authors resorted to tracheotomy, but found that it produced no amelioration of the morbid condition. Another and a most important fact announced by the authors is, the degeneration of the nerves, not merely those at or near the seat the operation and more or less closely connected with the thyroid system, but in remote parts, as in the sciatic. This degeneration does not appear, however, to be general or continuous, but to take place in irregular patches, and resembles in external appearance the phenomena produced by stretching. The medullary sheath in some instances disappears, as does the axis cylinder. In the fibre, on the contrary, there is an increase of protoplasm, marked also by an increase in the numbers of the nuclei. There is also a marked increase of the connective tissue separating the nerve fibres, which is more especially noticeable at the points affected by the degenerative process. The authors do not wish to indicate as yet their opinion as to the meaning of this degeneration, or its causes. It may be due to the diminution of the oxygen in the blood or to actual stretching of the nerves from the violent spasmodic action to which they have been submitted. The authors promise a fuller report at an early date.

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ARTICLE XXI.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

THE AMERICAN SOCIETY OF MICROSCOPISTS.—On the 18th inst. this society will convene in annual session at Cleveland, Ohio. From a letter from Prof. C. M. Vorce, who is at the head of the Working Session, and also of the local committees of entertainment etc., I learn that there is every prospect of a large attendance. The secretary of the society has obtained from the rail roads centering in Cleveland, and most of their connections, a reduction of rates amounting to one third of the round trip ticket, and he is sending certificates entitling the holders to this benefit on receipt of notice that a member intends to be presents. No one who works with the microscope and who can possibly go to Cleveland can afford to be absent, and I sincerely hope that the roll of the society, which now embraces over 320 names, including those best known in the world of science, will be swelled to double its present proportions. The initiation fee including the first annual dues, is $5.00, the subsequent annual dues being $3.00. In return for this, one not only has the pleasures and honors of membership, but receives a copy of the proceedings which is worth double the money.

ZINC CEMENT AND GLYCERIN AGAIN.—Complaints still occasionally come to us against the oxide of zinc cement for cell building purposes, and also against the tendency of glycerin to creep and exude from cells where it has been used as a mounting medium. These complaints are far less frequent at present than they were a little while ago, and they come evidently from those who have not been keeping up with the literature of the subject. The zinc oxide cement is now being used by the best known professional and amateur preparers of slides, almost to the exclusion of other kinds of cell material and cements, especi-

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ally where glycerin is the mounting medium. Those who use it understandingly and honestly will rarely or never have occasion to complain of it, as the faults with which it is charged lie almost entirely in the ignorance or carelessness of the preparer and user—a fact which becomes self evident when we reflect that even the most prejudiced revilers of zinc cement admit that "sometimes it works perfectly." The idea that an inanimate material which sometimes posesses certain natural properties and answers certain requirments will not always do so under similar circumstances and when similar precautions are observed, is puerile and ridiculous. If the cement adheres to the surface of the slide at certain points and fails to do so at others, it is because the surface to which it was applied was not uniformly cleaned and prepared to receive it. If one set of cells made with the cement is white and tough, and another is yellow and brittle, it is simply because the cement was not made alike in both instances, and not because it had suddenly taken up an idea to be "capricious and unreliable"—to use the language of a distinguished editor of an eastern microscopical journal, who speaks of the inanimate material as he would of a baulky horse or a contrary man. The reasoning of this party, and some of the correspondents of his journal on this subject, is on a par with that of the child that thrashes his hobby because it will not kick up its heels and neigh like a real horse. One cannot take the crude, lumpy and frequently moist commercial zinc oxide, mix it in irregular and unknown proportions with damar dissolved in impure benzol (and sometimes in benzine), and expect it to answer the purposes of a cement as well as one made of thoroughly dried, purified and pulverized zinc oxide, mixed in definite proportions with a solution of damar in pure benzol.

Again; knowing that their cement is made up very largely of volatile material and that it must shrink when the material evaporates; knowing too, that glycerin is non-volatile and incompressible, they go to work and make a cell, fill and close it all in one session of five or ten minntes—and then they expect this mount to last! As well use a paper hand bag for the cylinder of a force pump and expect it to stand the pressure! The principle is identical: the fluid within the cell is submitted to pressure and is practically incompressible; the surplus must find an exit aud as none is provided for it, it provides one for itself. It forces its way out of the cell, which gives way at its

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weakest point, wherever that may be, and makes its appearance in the slide. Then the mounter disgusted at the perfectly natural result of his own thoughtlessness or lack of technical knowledge and skill, sits down and indites a letter to the microscopical journals telling everybody to beware of glycerin as a medium and zinc cement as a cell material, and not to use either of them "unless they want a certain percentage of their mounts to be spoiled." A wise engineer who brazes down the safty valve, fills up the furnace, and when the explosion comes, warns everybody against the use of fire and water! The funniest thing about this matter is that the editor of the journal in question, who poses as the apostle of advanced science, and refuses to attend the meetings of the American Society of Microscopists because they are too amateurish, agreed with his correspondents and wrote an editorial on the subject in which he deplored the wicked recklessness of a "writer in Saint Lonis" who continued to recommend these materials notwithstanding the fact that the said writer "must have known that he (the scientist) had declared them unreliable." A cartridge into which the bullet is rammed ahead of the powder, and the fulminate is smeared on the outside, is 'unreliable' too, but cartridge makers who *understand their business* do not usually make them that way.

Finally, the experience of many years as an experimenter with cements and mounting media, leads me to formulate the following statements:

1. Oxide of zinc cement, made according to the formula so frequently published by me will, when applied to a clean, dry slide, neither scale, crack or crumble off. It will stand the roughest kind of usage for many years before it shows any tendency to disintegrate.

2. That glycerin enclosed in a cell which has been thoroughly and properly dried, has no more tendency to 'creep' or exude than has balsam or water, and that mounts made with it will be just as permanent as those made in any other manner.

The moral therefore is plain: make your cement out of good materials in proper proportion; have your slides and coverglasses clean and dry, and above all, never use a cell until it has become thoroughly dry, or until the volatile material of which it was built has escaped and it has assumed its permanent proportions. If you will observe these rules you will have very little cause to complain of zinc cement or glycerin.

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ARTICLE XXII.

Department of the Respiratory Organs.

CONDUCTED BY

J. C. MULHALL, M. D., Physician to the Throat and Chest Department, St. Louis Medical College Dispensary.

CARDIAC PALPITATION. *Deutsche Med. Wochens.*—Dr. Küpper, of Elberfeld mentions a case of functional palpitation which was cured by the galvano caustic destruction of pharyngeal granulations and nasal hypertrophy.

PHARYNGEAL LYMPHATIC CIRCLE. *Deutsche. Med. Wochens.*—Dr. Waldeyer, of Berlin, describes this ring as commencing at the vault of the pharynx, thence to the eustachian lips, thence to the faucial tonsil, thence to the root of the tongue, the other half of the ring being completed in the same way.

DIPHTHERIA PRIZE.—M. and Mme. Victor Saint Paul have given 25000 francs to the Academic de Médecine as a prize for the discovery of a remedy which shall be recognized by the Academy as efficacious in diphtheria. The prize is open to the world. Until the remedy is found, the interest on the above named sum will be paid every second year to those whose work or researches on the subject are considered best by the Academy.

ASTHMA WITH CUTANEOUS EMPHYSEMA. *Kansas City Medical Index*—Dr. Block reports a very rare complication of asthma, namely, cervical emphysema without pneumo-thorax, commencing during violent cough in the left supra clavicular space and spreading to the other side of the neck, Dr. Block's explanation is that pulmonary rupture occurred at the left apex, but that the air was prevented from entering the pleura by previously existing adhesions.

DOES COCAINE HYDROCHLORATE prolong mucous membrane congestion. *Med. News.*—At the last meeting of the American

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Otatogical Society, Dr. E. E. Holt stated that this drug, whilst it relieved pain and held inflammation in check for a while, after its effects had passed off the inflammation goes on unabated in the ear. Dr. Theobald had found that though it relieved congestion in the nose temporarily it was greater afterward. I can confirm the latter statement.

RETRO-PHARYNGEAL ABSCESS. *Boston M. & S. Jour.*—Dr. De Blois gives particulars of two cases, one in a child of three months and in another of seven months, in neither of which there occurred a commonly described symptom, fixation of the head backward. In both there occurred dyspnœa and in one dysphagia.

The least dyspnœa or dysphagia in an infant should always command a most careful examination of the pharynx. Children have died from retro-pharyngeal abscess without having had any symptom noticeable.

WHOOPING COUGH. *Med. News.*—Dr. John M. Keating tells us that there exists two elements to combat, the laryngeal catarrh and the nervous element. An antiseptic inhaled from a steam atomizer meets the first indication—the best of all being carbolic acid as in the following formula. Acid carbolic grs. iij: Sodæ biborat; sodæ bicarb āā grs. xx: Glycerine ʒ j: Aquae ʒ v. Solve. Of all antispasmodics, belladonna is the best. Chloral is very valuable as a night draught, 2 grains being given to a child one year old. Alum is the best emetic.

SPASM OF THE ŒSOPHAGUS. *Gaz: des Hopitaux.*—It is well known that such spasm is an infrequent thing in hysterical women, producing vomiting of food before it has reached the stomach. It is less well known that the same hysterical spasm may occur in men, and still less well known that spasm of the œsophagus may occur in men who are not hysterical. Professor Peter in a clinical lecture tells us that such spasm may occur from chronic gastritis, especially in that form produced by alcoholism. The food is vomited before having reached the stomach. Catheterism cures the difficulty.

LENKOPLOKIA BUCCALIS. *Boston M. & S. Jour.*—Dr. Ingals, of Chicago, at the last meeting of American Laryngological Association presented the particulars of a case with cure. This

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affection better known as icthyosis of the tongue, has hitherto, as far as I known, been considered incurable. Dr. Ingals cured his case with galvano cauterizations. In view of the fact that this disease frequently merges, after several years, into epithelioma, and that it has been considered incurable, this contribution of Dr. Ingals must be considered very valuable. The only criticism I would offer is that sufficient time has not yet elapsed (last year) to determine whether the cure be radical or not.

EXTIRPATION OF THYROID IN MONKEYS. *British Medical Journal.*—Victor Horsley. These experiments were made on monkeys as being nearer allied to man than other animals. The results of the excisions of this gland proved that it was not the wounding of the sympathetic which produced the cretinoid state following exstirpation and that the functions of the thyroid gland are—I. the nutrition of the nervous system, II. to supply mucin to the body, III. to preserve the equilibrium of the blood constituents. The train of symptoms after excision were the same as have been described by others who experimented on dogs and cats. The state produced resembled exactly the clinical condition described by Ord as myxœdema.

DISEASES OF THE TONGUE. *La France Medicale.*—Dr. Paul Berger draws attention to the frequent extreme difficulty of diagnosing certain ulcers of the tongue. He recounts two cases wherein every sign of cancer was present, ulceration, induration, wasty growth, bleeding surface and glandular involvement a group of signs which made him quite sure that he had to deal with epitheliomata. In each case, however, the extraction of an irritating tooth, cured the ulcers. The very practical lesson is hence derived that no matter how typical of cancer a diseased tongue may be, if there be a jagged or irrigular tooth opposite, no opinion should be given until a week or two after its extraction. I may add that during such interval it can likewise do no harm to give iodide of potash as a diagnostic aid. I once had a case, which an incautious physician have pronounced epithelioma of the tongue, and which certainly looked in every way like one, but which yielded to the iodide. The patient denied syphilis.

INTRA PARENCHYMATOUS INJECTIONS IN PHTHISIS. *Lyon Médical.*—Dr. Truc's conclusions are :

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I. Such injections of creosoted alcohol into tubercular lungs, made with precaution, far from the root, between the two first inter-costal spaces, had no bad effect except pain, not constant (which might be prevented with morphine) and sometimes a slight elevation of temperature.

II. In not a single case did the inflammation provoked by the injection, appear to advance or hurry caseation, or otherwise unfavorably affect the march of the disease, even in advanced lesions.

III. The absence of any satisfactory results in advanced cases, indicates the rejection of such method of treatment.

IV. Creasoted injections in certain subjects not for advanced were followed by amelioration, both subjective and objective.

Opinion of their value is yet to be reserved even in the most favorable cases; those with localized tuberculosis not far advanced.

OTITIS MEDIA CATARRHALIS. *Med. News:* July 25th, Phil.—Dr. Burnett. I heartily recommend this article to those who desire some simple rules for guidance in the treatment of nasal catarrh. Therapeutic measures are easily learned, but naturally such knowledge is valueless unless one be an accurate diagnostician. As I have elsewhere remarked, nasal catarrh is usually treated by all but specialists without that knowledge of the condition of the parts to be obtained by anterior and posterior rhinoscopy. It is like treatment by correspondence. Dr. Burnett sub-divides atrophic catarrh into the strictly atrophic in which there is shedding of the epithelium and exposure of the basement membrane and those in which there occurs fibrous degeneration consequent to hypertrophy.

The former I may add corresponds to simple ozœna, a disease which dates from childhood, and the latter is only found in the adult is a sequence of years of hypertrophy and is seldom if ever accompanied by fetor. Dr. Burnett mentions several accidents to the middle ear consequent upon the use of the galvano caustic in the nose. In an article upon this subject I have shown that this accident was due to the method of employment. I have records of at least 350 galvano caustic applications in the nose without a single sequence of ear accident.

CONSUMPTION AND LIFE INSURANCE.—Dr. Davis, of Cincinnati, in the *Lancet* and *Clinic* of that city, tells us that notwithstanding

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the care exercised by examiners that ⅛ of all deaths in the insured are from consumption, and that they live out less than one fifth of their expectancy. As it is becoming better established that consumption is contageous, insurance companies will hereafter take measures to guard against applicants thus endangered. Sixty *per cent.* of all consumptives show heredity, direct or indirect. Mothers transmit the disease more frequently than fathers, at the rate of 135 to 100. Hence if the applicants mother were a consumptive he is a worse risk than *vice versa*. There exists a universal unwillingness to acknowledgement of consumption in the family. So when the applicant says his father died of "cold" or his mother of "debility" the examiner should suspect these terms to mean phthisis. Since consumption may exist that the most skillful investigator may not discover, consideration of the risk must be postponed should the applicant be suffering from the slightest cough, increased pulse rate or fever. Repeated disorders of digestion should engender suspicion, especially with any loss of weight. A rule among leading insurance companies is to reject an applicant who has had two near relations affected with consumption. The occupation must be carefully considered The careful selection of lives by insurance companies have reduced their mortality to just one-half of that among the general population.

ARTICLE XXIII.

Department of Dermatology and Syphilis.

CONDUCTED BY

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BRONZING OF THE SKIN IN SYPHILIS.—Dr. G. Cantarano, in a second memoir to the Medico Chirurgical Academy of Naples, claims the existence of an atypical pigmentary syphilide similar, in many respects, to the cutaneous changes in Addision's disease. Of course, there exist certain differences in appearance, but the

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author contends that in both diseases this change is due to some action of the sympathetic nervous system.

POTASSIUM SULPHIDE LOTION.—Dr. P. Vigier very justly remarks in *la Gaz. heb. de Méd. et de Chir.* that this lotion is extremely disagreeable to patients on account of its odor which is that of decomposed eggs. A method of obviating this is to combine it with tincture of benzoin and straining. The odor then closely resembles that of acacia flowers and can be made still more agreeable by the addition of rose water.

ODOR OF THE SKIN IN DISEASE.—Dr. E. Monin has recently written a small work on the odor of the human body in health and in disease. In reference to diseases of the skin we find that in sudamina the odor is that of rotten straw. In the lyphatic dermatoses it is of a feeble acid odor or musty. In eczema of the scalp it is markedly fetid, in favus it possesses the odor of cat's urine or of a mouse's nest. This latter especially is characteristic. Many affections, however, owe their fetid odor to want of cleanliness or neglect to use disinfectants where there is a rapid decomposition of exudates.

ZONA IN CHILDREN.—Dr. J. Cornley contributes a very interesting article on this subject to *La France Médicale.* It has been stated by some authors that the disease is rarely encountered in suckling children. The authors cites five cases, one lombo-abdominal in a child of 8 months; the second affecting the right arm in a child aged 21 months. An ophthalmic zona in a girl of 10 years, a thoracic zona in a girl of the same age and a plantar form of the trouble in a boy aged 10½. He thinks that he may conclude that hopes zoster, in its various forms, is not rare in children. It generally occurs in connection with digestive troubles, is rapidly cured and accompanied by but little pain and its prognosis is always favorable.

CONGENITAL NÆVUS LIPOMATODES.—Dr. J. Morris Hyde describes a very interesting case of this rare affection in the July number of the *Journal of Cutaneous and Venereal Diseases.* The patient, a boy aged 3, had on his face 20 pea to bean-sized, light-brownish, superficial and circular pigmented moles, not provided as yet with hairs. Similar discrete blemishes were observed upon

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the scalp. The lower part of the trunk and a portion of both thighs was the seat of an enormous lipomatous and pigmented mole. The surface over which it extended was nearly that usually covered by a pair of swimming drawers, drawn high up over the back and belly, and reaching unequally down over the thighs. The mole in general was of a dark chocolate color and provided with soft hairs, averaging in length two inches. Connected with this nævus were a number of tumors, larger on the right side and posteriorly.

HERPES OF THE THROAT.—This is a trouble which, though but occasionallydescribed, is yet not uncommon; constituting, in many cases, so-called cases of diphtheria. Dr. Solomon Solis Cohen describes a case in the *Medical Record*. He says that upon illumining the patient's mouth and throat by a strong light, a few scattered vesicles were noticed upon the soft palate, most of them of pin-head size, but one equal in size to three others, when the the larger vesicle was punctured a drop or two of liquid escaped and the walls of the vesicles collapsed. Such cases of chronic herpes occur in neurotic, tuberculous or strumous subjects and are particularly obstinate. At first one or more minute papules are developed, isolated or in groups, upon the mucous membrane of the palate, of the tonsils and, exceptionally, of the pharynx, the papules are replaced by vesicles, which usually rupture, leaving small superficial ulcers. In a few weeks the process is repeated.

LEUCOPLAKIA BUNALIS ET LINGUALIS.—In a very instructive paper on this rare diseases in the *N. Y. Medical Journal* and written by Dr. E. Fletcher Ingalls we find the following conclusions: 1. Leucoplakia bunalis is an idiopathic disease, distinct from psoriasis, "smokers patches," and syphilis. It is largely confined to men past middle life, but it occasionally occurs in women. 2. The disease is so commonly found in inveterate smokers that the abuse of tobacco may fairly be considered an exciting cause, though cases occur where tobacco has never been used. 3. The affection is chronic and, finally, in a majority of cases, terminates in epithelioma. 4. Internal treatment and the local application of sedative, stimulant, or caustic drugs are, in nearly all cases, either useless or injurious, and the latter are sometimes disastrous by hastening the development of epithelioma. 5th. The actual cautery or the galvano-cautery will proba-

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bly enable us to cure many cases if they are treated sufficiently early, provided it is only applied to only a small spot at each sitting, and carefully, so as not to destroy the healthy tissues beneath the changed epithelium. A case, occurring in a man aged 43, is cited in which the spot was as large as a silver dollar. The galvano-cautery was used, thirty applications being made and at the date of writing, four months after the last application, the mucous membrane remained perfectly healthy.

MEDICO LEGAL DETERMINATION OF TRANSMISSION OF SYPHILIS BY A NURSLING.—In an interesting lecture on this subject in *la Gazette des Hôpitaux* Prof. Fournier notes a number of points which are of value in determining this question. In the first place it is important to determine whether the nurse has syphilis; then if she has, was the primary lesion one of the breast? Always examine the genital organs. Another point is, to determine whether the relative period of time are such as to throw suspicion on the nursling. Another important point is, as to whether the nurse was entirely free from syphilis at the time she began suckling the child. Having examined the nurse it is then necessary to turn the attention to the child and determine whether it has syphilis or not and if it has whether it is acquired or hereditary. This last point is one of the most important and a most thorought and complete investigation should be made to determine it definitely.

EARLY DOUBLE GUMMA OF IRIS.—Dr. Edward S. Peck notes a case of interest—binividal gummata—in the *Journal of Cutaneous and Venereal Diseases*. The subject was 23 years of age, had, on admission to hospital, a pustular syphilide attended with crusts on the face, arms and legs, it being very slight upon the trunk. The initial lesion appeared five months before, thirteen days after suspicious intercourse. Both eyes presented symptoms of iritis. Gumma of the right iris springs from its lower limb, completely fills the corresponding area of the anterior chamber and lies in contact with the posterior surface of the cornea; its breadth at base measures one-eight of an inch. It preceded the development of the left gumma by two days. The latter growth is situated on the outer and upper segment of iris, and invades the pupillary field more than the right one. Under atropine, the left pupil dilates in the shape of a kidney placed in a vertical position,

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whilst the dilatation of the right pupil is but little interfered with. Vision of the right eye is noted "good," while the left eye counts fingers at only five feet. After one month of specific treatment the growths had nearly disappeared.

THE STUDY OF SYPHILIS.—In a résumé of a lecture in *la Gazette des Hôpitaux* it is stated that it is not sufficient to have a general idea of the syphilitic lesions of the skin, to know that they have a coppery hue, are not painful and are intermittent in their manifestations; that they are protean in form, nomadic in seat, disseminated without regularity and generalized over the the whole surface of the body when precocious and the syphilis of recent date; or limited to a small number and grouped in different manners when late (*tardive*) and the syphilis is ancient; that the ulcerative forms denotes the tertiary period, etc. Besides this it is necessary to study each lesion in order that an exact notion may be formed of their individual characteristics. This is necessary from the fact that syphilis often presents itself in a manner that is badly defined and difficult to determine. Often it shows itself but by a small number or even only by one lesion. Two faults must be avoided: not to recognize syphilis when it exists or to suppose a case syphilitic when it is not. The number of mistakes daily committed in this respect is great and detrimental in the highest degree to the subjects of them.

THE ERADICATION OF SYPHILIS DURING THE FIRST STAGE.—Dr. A. H. P. Lenf contributes a preliminary note on this subject which we find in the *N. Y. Medical Journal*. The author regards lymphatics as the channel by which the disease enters the system and bases his method upon this. He states that complete excision of all the structure harboring the virus, while it is still local, would positively abort the disease. He adds that, at present, the chancre and nearest set of lymphatic glands are the only structures affected during the primary period and that their thorough excision promises to effect the immediate termination of the disease, if accomplished sufficiently early. He considers sufficiently early, any time previous to the appearance of secondary symptoms, and while the glands are still much enlarged. Of course, his views are very good if we accept as a fact that it is the lymphatic system which distributes the syphilitic virus. But even accepting this, how are we to determine what *thorough* excision is;

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theoretically this is easily determined, but clinically it is a very difficult matter. For, excision of the chancre first and then of the remote glands and all of the intervening ones will still leave portions of lymphatic vessels containing, in all probability, some of the virus which may find its way into lymph spaces or be otherwise obsorbed. Dr. Lenf suggests the excision of all of these vessels, but it is not an easy matter to perform. Of course, only clinical experience can demonstrate the value of any method and should this one prove a success, its value is inestimable.

NEPHRECTOMY, ITS INDICATIONS AND CONTRAINDICATIONS.—Dr. Samuel W. Gross, in an elaborate paper in the July number of *The American Journal of the Medical Sciences*, based upon a study of nearly four hundred and fifty cases of different operations on the kidney, presents a careful analysis of all the facts pertaining to the surgery of this organ, and arrives at the following conclusions:—

1. That lumbar nephrectomy is a safer operation than abdominal nephrectomy.

2. That primary extirpation of the kidney is indicated, first, in sarcoma of adult subjects; secondly, in benign neoplasms at any age; thirdly, in the early stage of tubercular disease; fourthly, in rupture of the ureter; and, lastly, in ureteral fistula.

3. That nephrectomy should not be resorted to until after the failure of other measures, first, in subcutaneous laceration of the kidney; secondly, in protrusion of the kidney through a wound in the loin; thirdly in recent wounds of the kidney or of the ureter, inflicted in the performance of ovariotomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydronephrosis and cysts; sixthly, in calculus of an otherwise healthy kidney; and, finally, in painful floating kidney.

4. That nephrectomy is absolutely contraindicated, first, in sarcoma of children; secondly, in carcinoma at any age, unless, perhaps, the disease can be diagnosticated and removed at an early stage; and, thirdly, in the advanced period of tubercular disease.

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ARTICLE XII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the JOURNAL'S Stenographic Reporter.

SATURDAY, May 30th, 1885.

DR. ATWOOD, President, in the Chair.

The Treatment of Syphilis.

A propo of the discussion of the previous meeting on syphilis, Dr. Lee read the conclusions of Dr. Leloir, of Paris, on the subject.

DR. BREMER.—The subject of syphilis is an inexhaustible one and as soon as somebody starts it there is no end generally to the discussion. It seems to me that a great many mistakes are made by general practitioners who once in a while meet with a case of syphilis, treat it, and they come to prematurely definite conclusions, and build up theories upon insolated facts. The experience of the individual members of the profession goes for almost nothing in a subject like syphilis. It is only in the great centres of medicine, and especially in Europe where the people are very apt to go to the hospitals for treatment, where an adequate idea of the true nature of syphilis can be formed. So we see that the first light which was thrown upon the essence of syphilis came to us from Paris where the hospital physicians studied this subject carefully, with facilities that are unsurpassed. The conclusions of Ricord are, in the main, true even to-day. There are some physicians who claim that after a soft chancre they have seen secondary symptoms. Well, a soft chancre may have existed on the patient, but that is not a proof that syphilis was the consequence of the soft chancre. That patient may have had a hard chancre before he had the soft one, or he may have had a hard chancre in the same place with the soft, only the hardness was not apparent to the observer, or the hard chancre was at a different place, on the lips for instance, in the shape of a little crack or fissure which was not noticed. To-day there is no more firmly established fact than that of the duality of the venereal poison. Soft chancre, in the common acceptation of the term, all the assertions to the contrary notwithstanding, never will produce true, typical syphilitic eruptions. The greatest syphilographer of the day, Four-

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nier, is a staunch upholder of the dualistic doctrine, and if there is a man in the world after Ricord who has been in a position to observe, and especially to observe with the acumen of a mind for which that man possesses is remarkable, it is certainly he that is entitled to an opinion and all the individual isolated experience of general practitioners amounts almost to nothing as compared with the overwhelming amount of material at the command of these men in Paris and Vienna, for instance. Siegmond makes the assertion that syphilis must not be treated unless there are constitutional symptoms. The treatment of Fournier is a very radical and thorough one for the first few years. As soon as the fact has been established that the individual is secondarily affected then the individual must be thoroughly treated for two years and then he dismisses him. Ricord used to say in relation to syphilis, *Tant gu'il est dur, prenez le Mercure.* "As long as there is hardness use the mercury." Well that was sound doctrine at that time, but to-day we are not satisfied with the disappearance of the hardness of the primary sore but go on to treat the individual with due intervals for several years. Even the milder cases have to be treated energetically because the smallest sore and the most insignificant secondary symptom, such as almost escapes the attention of the patient, may give rise to the most formidable forms of syphilis. A man with a sore as small as a pin's head, and, after a while, perhaps, some pimples on his face, who does not treat himself properly, may, in five or six years afterwards, get paralysed, become hemiplegic, etc. Perhaps in 10 or 15 years after the infection he acquires locomotor ataxia, syphilitic in its origin, or he becomes demented, the result of a pseudo progressive paralysis. Hence thorough treatment and prolonged treatment is necessary.

DR. JOHNSTON.—It has been very clearly said that one bluebird does not clearly indicate that spring has come. It is a fact also that one great author does not establish rules; Hunter and Ricord considered the virus of gonorrhœa and syphilis as being one and the same. These great men committed great errors. It is a fact known to every one in this Society that John Hunter taught for years that a simple chancre was different from what is termed the true Hunterian chancre or hard chancre; that a simple chancre would transmit a simple chancre but he did not contend but what that transmission would produce what we term constitutional syphilis. It is known that John Hunter held the doctrine that hard chancre was a local disease and that if you cauterized it thoroughly, within five days you can save your patient and he would be clear of the disease. Within the last 25 years the doctrine started in Europe with regard to the quality of syphilis; chancroid always transmitted chancroid and nothing else, and that constitutional syphilis never would follow a chancroid. It is not the man who sees the greatest number of cases who can decide this question, it is a man, perhaps, who takes

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five or ten cases and studies then thoroughly and who does not pass through the hospitals and form his theories in his closet. At one time I adopted the idea of the duality of syphilis but after I had five or ten cases in which I found that the chancroid would carry with it, in certain constitutions, constitutional syphphilis, I have abandoned that doctrine. Now Jonathan Hutchinson took the doctrine of duality and he was proven to be wrong in the society of London until he said there will be a little of it left anyhow. I remember a case of a young man in this city who was thoroughly mercurialized. He became insane and had syphilitic gummata. Then again I have had other cases, gentlemen that came under my observation who had syphilis with syphilitic bubo, syphilitic sores, etc. They married and are living in this city to-day, having healthy children, daughters and sons, so that I have come to the conclusion that there are certain conditions and temperaments which seem to tend to a happy termination of the disease, while in others the result is quite the opposite.

DR. OHMANN-DUMESNIL.—I âm very sorry to see that Dr. Johnston does not believe in the duality of syphilis inasmuch as it has been conclusively demonstrated by Lustgarten, from the fact that the examinations of what we call chancroid have shown an abscence entirely of the syphilitic bacillus. But leaving all speculative questions aside, I think it is more important for the physician to be able, in the first place, to make a diagnosis of the initial sclerosis, to know whether it is a syphilitic papule or not. Many soft chancres are hard and many hard chancres are soft, that is to say, the initial lesion of syphilis is very often soft, and non-syphilitic ulcers may become indurated, and to jump at the conclusion that it is syphilis merely because it is hard or that it is not syphilis because it is soft, is to build a superstructure on a very weak foundation. It was on this account that on last Saturday night I advocated the suspension of all specific treatment until the so-called secondary eruptions appear, as then we can determine with certainty whether the initial sclerosis or lesion was syphilitic. Of course, there are certain localities in which, under ordinary circumstances, different characteristics of chancre so follow that no mistake is possible. There are other localities, however, where either the appearance of the lesion itself is disguised or the permanent symptoms which are generally observed and following very closely or accompanying the initial lesion are absent or may be slight, and again we have doubtful cases and it is on that account that we give the patient the benefit of the doubt by not instituting active mercurial treatment immediately on the appearance of the initial sore. To say that because a supposed soft chancre has been followed by syphilis after an interval, during which mercurial treatment was given, is no proof at all, from the fact that the chancre may have been contracted after the mercurial treatment of the supposed

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soft sore. You may take, for instance, the patient which Dr. Johnston mentioned who had a soft sore and who was treated with mercury and, after the lapse of a certain time, the patient having disappeared from the doctor's observation, he showed secondary symptoms. In that case the patient may have contracted a chancre after the cessation of the mercurial treatment. You cannot believe syphilitic patients; they are about as untrustworthy as morphine eaters. They will always deny having syphilis until you prove conclusively that they have had it, and sometimes then they will deny it, and it is best to adopt the treatment which will prove their statements to be untrue. Cases are on record in which epithelioma of the tongue has been treated with mercury and other anti-syphilitic remedies in spite of the patient's statements that they have not had syphilis and the treatment has resulted in satisfactorily proving that the cases were not malignant but syphilitic, and that the patients were either ignorant or willfully misrepresented the facts. On that account it is useless to speculate upon supposed cases of syphilis which were treated anti-syphilitically before it was decided that the initial lesion was a syphilitic one.

DR. HURT.—It occurs to me that the question of the duality or unicity of syphilis depends a great deal upon the conception that occupies the mind at the time we are speaking on this subject. To say that there are two classes of local sores, and that the causes producing these two classes are different, we all understand very well, but when we say that the cause of syphilis is dual, it creates confusion immediately in the mind. It was taught, at one time, that the local character of the sore depended upon a condition of the system upon which it had been inoculated. And then again, another idea was, that if you had an inflammatory sore inoculated locally by the true syphilitic virus, and there should happen to be such a condition of the system as to cause inflammation at the seat of inoculation, that that would work a cure of the disease and that the virus would be washed out and you would escape constitutional infection. The hardness was simply regarded as an effort on the part of nature to protect the system against constitutional infection; to prevent the virus being carried into the circulation by absorption. Now that was an idea and I at one time felt strongly inclined to that idea, but then the facts as we find them in our experience disproved it, because we invariable get constitutional infection where this effort of nature, as we supposed, had been developed for the purpose of protecting the constitution against infection. The doctor then spoke of the possibility of finding a virus capable of counter-acting the syphilitic poison and imparting immunity of syphilis by inoculation.

DR. A. GREEN.—The difficulty which gives rise to this conflict of opinion and statements about soft and hard chancre consists merely in this: A person who has become infected from soft

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chancre may sometimes at the same place be infected with the virus of the constitutional disease. In about five days usually he has a soft chancre and afterwards in about three weeks or more we also see the hard chancre in the same place and we are apt to say that this proves that the soft chancre was syphilis, whereas it only proves that he had the soft and hard chancre both at the same time, and as the period of incubation of non-constitutional chancre was only a few days, we, of course, observed it first, and we could not see the hard chancre, so must wait for three or four weeks, when the hard chancre appears. The doctor related as an illustration, the cases of two men who contracted from the same woman, one, a local sore, a chancroid, never followed by constitutional symptoms, the other a hard chancre with the usual train of symptoms. In the majority of cases, if you will cauterize or cut out the soft chancre, every thing is over. I remember on last Saturday evening, Dr. Bremer related a case in which the hard chancre had been cut out and proved very successful. Dr. Johnson seems inclined to deny that syphilis is produced by a living organism and assumes that it is merely a clinical poison. I must say that I cannot believe this. Can the doctor show me in the whole range of poisons, vegetable or mineral, any which will behave like this poison? Can you show me one single poison, which, if you inoculate the system with it, in a certain number of days or weeks, will lie inactive until it finally displays itself in the system? This is what we call the period of incubation, and it occurs only in those diseases which are produced by micro-organisms, because it takes time for them to multiply and to develop themselves, or until they can produce their morbific effects. In case of poisoning from strychria, atropine, morphine and all the other poisons no such time is required. Do you believe, doctor, that from a syphilitic patient whose blood is poisoned with the disease you can inoculate with his blood another man and he will become syphilized?

DR. JOHNSTON.—Yes sir, I believe he will.

DR. A. GREEN.—If you take a drop of blood from the syphilitic patient and inoculate another person, that person will become syphilitic. Now, from that second person who has been syphilized by inoculation after the disease is displayed, you can take a drop of blood and inoculate a third person, and that person will become syphilitic. Can you show me another poison that will behave in the same way? Suppose one is poisoned by strichnia you can not inoculate by a drop of blood in this manner. This proves that the poison of syphilis is a micro-organism.

DR. ALLEYNE.—I wish to make one single remark in reference to this matter of syphilis. I have had occasion to see some cases of syphilis in all shapes and forms, both in private and hospital practice, and I wish to speak of a form of syphilis that was somewhat different from what had been described here this

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evening. There are two forms which have been mentioned, the soft chancre and the hard chancre as following impure connection. The eruption to which I refer, occurs usually upon one side of the penis, and is the shape of little papules; they never appear open at all. I never knew what they were from their appearance, although, of course, I understand from the history of the case that they had resulted from impure connection. I treated them with simple detergents. There was no necessity for cauterizing. I do not know that I am mentioning anything new, but I simply thought I would speak of this as one of the forms which had not been mentioned here to-night. I was disposed to think as little as possible of it and rather inclined to think that it was not syphilis, but after awhile in the course of time there came a general eruption upon the surface of the body and that, with other symptoms of the secondary form of the disease, compelled me to come to the conclusion that they were syphilitic.

Umbilical Hernia—Specimen.

Dr. Hendrix.—This specimen was taken from a female child four months old. A few days ago—that is on the 25th inst—the child was brought to my office by its mother who called my attention to the condition of the umbilicus, which I found to extend considerably beyond the abdominal wall, forming what is known as an umbilical hernia, from the center of which projected what I took to be a portion of the omentum.

The mother in presenting the case stated, that the evening previous to the time of calling on me, while anointing the child, she saw what she supposed was a clear water blister situated at the extreme end of the hernial sac, and passing her hand over it a rupture took place and a small amount of water ran out, seeing this she placed a pledget of cotton over the site of the umbilicus and applied a bandage, on removing which she saw what she took to be a clot of blood. Attempting to remove it she found so much resistance that she replaced the dressing which had been partially removed and brought the child to my office as before stated.

The projecting portion was bleeding, and I thought best to ligate it. I did so and not having an umbilical truss at hand placed a compress and bandage on the affected part and let the child go home. Called the next day and found that the projecting body had moved out still farther—ligated again close to the sac. I put on a bow truss and saw the child again at the end of 24 hours, it seemed to be comfortable and to all appearances was doing well. In the evening however, just 36 hours after the application of the truss, the child was found to have fever and I was sent for. On arriving, I found the thermometer to regester at 105° F. with symptoms of peritonitis. It died on the morning of the 28th and the autopsy was made in the afternoon of the

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same day, and this specimen, the hernial sac with its contents, I bring here to show to the society.

On inspecting the subject, before proceeding to make the post-mortem, I observed that considerable water had run out, wetting the clothes which had been placed upon it. I saw that it passed out through the same opening which had given passage to the projecting body before mentioned, I was therefore satisfied that effusion had taken place in the peritoneal cavity to a considerable extent notwithstanding the short time that inflammation had been known to exist.

DR. HURT.—All that I know is that this child belongs to a family that I attended, in fact I attended the mother of this child in her confinement. The mother's history is, that in early life and even since she attained adult age, she had been subject to felons, some of her fingers are slightly deformed from the effects of what we call bone felons. Whether that had anything to do with the child's trouble or not, I do not know. It had a little eruption I noticed, and I saw it before it passed into the hands of Dr. Hendrix. The eruption that I noticed was not characteristic of syphilis, and I agree with Dr. Hendrix that it was due probably to inattention of its diet. The stump of the umbilical cord dropped off in the usual time and left a slight sore, it was dressed with a little burnt alum dusted on it and bismuth, and the child grew rapidly. The last I saw of it was a few days before I went to attend the Medical Association. I thought was a remarkably well developed child at the time, though it was complaining a little. The mother did not call my attention to any trouble about the umbilicus and the inference I made was that the umbilical trouble arose after the child's illness.

DR. HENDRIX.—There was one thing that I forgot to mention, when I removed the cloths that were placed on it before operating there was considerable pouring out of serum from the parts; there was perhaps as much as a tea-cupful which ran out during the time I was making the post-mortem and even before I made the incision. In consequence of the profuse stream of serum running out from the umbilicus, I was obliged to wait before cutting into the parts. There was no peritonitis before I saw the child. The effusion came from the peritoneal sac but the child had no fever until night before last.

DR. A. GREEN.—This protrusion, in my opinion, could not be of the omentum, the first protrusion was certainly the peritoneum. The abdominal wall is covered with peritoneum, then with the omentum, so that the omentum could not have come out without pushing forward the peritoneum, so that the first thing that occurred must have been the opening of the peritoneal cavity, and in my opinion, septicæmia was set up and that gave rise to the peritonitis of which the child died.

DR. FRY.—I think the gentleman is right in the opinion that if the omentum had been protruded through that opening at

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the site of the umbilicus, that opening would probably have remained after the partial obliteration of the umbilicus. The umbilical folds, you know, are outside of the peritoneum and if there was a protrusion of any portion of the peritoneum, it is not a portion of the real omentum but probably a little sac of the parietal peritoneum on the front wall of the abdomen. I do not see how it could be a portion of the omentum. Another question is how could a piece of the parietal peritoneum of that length be thrust through a hole of that size? I do not think it is altogether clear; I am not disposed from the appearance of the specimen, which is quite insufficient to form a substantial opinion upon, to say that there was any portion of parietal peritoneum protruded; I think it was something else.

DR. MEISENBACH.—If that had been omentum there certainly would have been some adhesions, so that the doctor could not have taken out that part without taking more of the omentum out, because the time elapsing between the protrusion and the death of the child was great enough to have produced inflammatory adhesions. This to me looks like an ulcerated umbilical cord; probably peritonitis was set up and caused the death of the child.

SATURDAY, June 6th, 1882.

DR. ATWOOD, President, in the Chair.

Endocarditis.—Specimen.

DR. DEAN.—George Spaeth was admitted to the hospital May 25th, 1875, about eight months before I took charge. While he was carrying a load of brick on his back he stepped in a ditch and immediately felt pain in his back about the 9th dorsal vertebra; he worked for two days afterwards. Two months after this he broke rocks for some time. Four months later he felt what he called a lump at the seat of pain. Three weeks before his admission he had lost power in the lower limbs; he was helpless, and on admission he had impaired sensation in them. About September, 1876, while I had charge of the patient, he began to move his lower limbs again but had talipes equinus. This was overcome by placing a foot-board for him to press the soles of his feet against. The spinchters were always under his control. By April, 1877 he could walk with support. In June a plaster splint and jacket was applied, as he was again failing. An abscess formed at the left of the affected vertebra. The splint was changed eight times, the last being applied December 1st, 1879 and removed in March, 1880. He then went without treatment but remained about the building, being detailed at the large gate, until April, 1881, when he left at his own request feeling able, he said, to earn his own way, having been

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in the hospital six years lacking about six months. Four years and over later, that is, on May 14th, 1885, the patient was re-admitted with paralysis of the lower limbs, but fat and heavy, with good appetite and apparent general health. At the end of this month he seemed to be not quite so well. June 4th, he got out of his bed as usual and soon after returned to bed and when noticed soon after was found to be dead. At the post-mortem t. e cord was found to be smaller at the kyphotic angle and a small abscess was found at the right of the injured point. The patient's brain was perfectly normal; all the organs were normal with the exception of the heart. There was an excessive amount of fat about the corpora adiposa, the kidneys and the heart. The man appeared in other respects in a healthy condition except that there was quite a large fibrous clot of blood in the right ventricle and there were evidences of endocarditis. This fibrinous clot was firmly attached to the parts so that it could not be removed without breaking away portions of the heart tissue. This was the only thing which we found which could account for the death of the patient. Dr. Bremer was present at the post-mortem and saw the case. The patient's age was about 34 years.

DR. LUTZ Asked Dr. Bremer what was the cause of the endocarditis.

DR. BREMER.—That is something which I cannot answer. Quite a portion of the endocardium of the right ventricle and auricle is inflamed. It was more evident at the time the post-mortem was made when everything was fresh, than it is now, but it is still visible that there has been an inflammation at those points. We do not know anything about the first moving cause of the alteration of the endothelium of the heart or in the vessels which is necessary for the production of a thrombus. There are doubtless constitutional conditions of an unknown character. There is one cause, without doubt, which is known to produce in the serous membrane of the heart such changes as give rise to an inflammation and formation of thrombi, that is the rheumatic diathesis. Ulcerative destructive processes, as seen in malignant endocarditis, are generally due to micro-organisms. In this case there was a change in the endothelium of the right heart and not only in the endothelium but in the subjacent tissue. This change rendered it possible for the white blood corpuscles to adhere to the endocardium and give rise to a thrombus. The intactness of the endothelium is necessary in order to prevent the defibrination of the blood—coagulation of the blood. As soon as there is the slightest interference with the proper nutrition of the endothelial cells the fibrino-genetic and fibrino-plastic substances in the blood will unite, forming a thrombus. Coagulation of the blood is nothing else but a decomposition and an agglutination of the white blood-corpuscles in those parts of the vessels where the endothelium has become, from one

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cause or another, diseased. Within 24 hours the boundaries of the white blood-corpuscles have disappeared and you see nothing but fibrin and granular masses. In many cases we do not know why the endothelium becomes diseased or why this inflammatory process takes place, but disease of the endothelium is always necessary for inflammation to take place.

DR. PREWITT.—I understand Dr. Dean to say that there were evidences of endocarditis?

DR. DEAN.—Yes, about the valves of the right ventricle and at other parts. Upon examining it carefully we saw that there were evidences of endocarditis. This thrombus was adherent and in order to tear it away we were obliged to leave a roughened portion of the endothelium, indicating that it could not be removed without tearing away a portion of that substance.

DR. PREWITT.—What evidences were there of endocarditis?

DR. DEAN.—There were redness and roughness of the serous membrane of the heart, especially around the valves.

DR. BREMER.—The evidences are there still.

DR. PREWITT.—There is no question about the influence of the endothelium upon the blood in inflammation, but I do not known so much about its influence in determining blood clots; that the endothelium does play a very important role in the transmigration of white blood corpusles there is no question, all obsers and experimenters cofirm that view of it; but that point is one which involves active inflammation. When a part is irritated we have the usual phenomenon of inflammation—first increased flow of the blood to the part, then a slowing of the current, and gradually stasis, coincident with which is the exudation of the serum of the blood and the white blood corpuscles; and it is a fact that if the endothelium be destroyed by any means that this process is set up. Now that is a very different condition of things from what we have in the case of blood clots in the heart or elsewhere. Here we have simply a coagulation of the blood; but the question is, whether there is any evidence whether it is necessarily connected with inflammation or not. Certain it is that the formation blood clot—heart clot—is very often connected with a general condition of the blood, and I do not know what has been the observation of pathologists on this point as to changes that have been found in the endothelium, and when changes have been found in the endothelium, how they can be accounted for. Certainly it would seem that it is a different condition of things from that which determines the exudation of white blood-corpuscles, that is part of the evidence of inflammation. As Dr. Bremer says, the migration of the white blood-corpuscles, is essentially a part of the inflammation, yet there is no evidence in this case that anything of the kind has occurred as far as I know, and so far as my observation has gone, at least I do not know of any observation to the effect that in these cases the formation of heart clot is any

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evidence that there has been a migration of white blood-corpuscles. If not, how then can it be said to be the same influence as that which exists when inflammation occurs in the tissues in any part of the body. I do not exactly see how that can be the cause in inflammation. In all other parts wherever we have inflammation we have exudation of white blood-corpuscles—exudation of serum and migration of white blood-corpuscles as part of the process. It seems to me that, whatever may be the influence of the endothelium in producing it, it cannot be just that which produces inflammation, and I would like to know what have been the observations that show it is due to the action of the endothelium in these cases. That we do have the formation of blood clot in other portions of the vascular system is well known.

DR. BREMER.—No proper distinction is made by the gentleman between post-mortem clots and ante-mortem clots of the heart. We find almost in every heart post-mortem clots due to coagulation of the blood after death owing, again, to the union of the fibrinogetic and fibrinoplastic parts of the blood. These two substances, the first being in the fluid of the blood, the latter in the white blood-corpuscles and Bizzozero's "blood scales" (Blut plaettchen) unite and a thrombus results. I maintain that there is essentially the same process necessary for the production of a thrombus in a vessel and a thrombus in the heart. A heart clot is nothing but a thrombus. Let us consider what takes place in inflammation: In every inflammation it is necessary that the endothelium of the cappillaries become diseased; that has been established by a great number of experiments, by Cohnheim and others. As soon as that becomes diseased from any cause whatsoever we see that the white blood-corpuscles will cling to the walls of the vessels, they can be observed under the microscope to creep slowly along the walls of the capillaries, and all at once they gradually become pointed, then constricted in the middle, and finaly they lodge in a perivascular space. That is inflammation. This process is confined to the region of the capillaries and smaller viens; there is never, under any circumstances, transmigration in the arteries, large veins or arterioles. Now suppose that in an artery or in a vein the endothelium becomes diseased; what will take place? The same thing will take place here, in the capillaries, in the inflammatory process. The white blood corpuscles will stagnate at this diseased point; they will agglutinate, but they can not transmigrate because the vessels are too large and their walls too thick; they do not go through the vessels but they stick together, they cling to the vessel wall and form a thrombus. So there is identically the same cause which produces inflammation as that which produces a thrombus. The structure of the intima of the heart is identical with the intima of the veins and arteries. In this process, Mr. President, there must be some chemical agency at work. This

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chemical agency of course was suspended in the blood. What it was we are unable to tell. Suppose it was a micro-organism; even in that case it was a chemical agency in so far as the micro-organism does not itself produce the disease but it secrets the poison which is manufactured by it and is of a chemical nature. I do not say that it was a micro-organism in our case. But it is absolutely certain and it has been proved that there must be a lesion of the endothelium before the formation of a clot or of a thrombus is possible and that there is nothing so powerful and antagonistic to coagulation as the endothelium, which prevents the union of the fibrinogenous and fibrinoplastic material.

DR. PREWITT.—The point that Dr. Bremer makes is a very interesting one so far as any information of the clot is concerned, at the same time every one who makes post-mortems or works in the dissecting room is aware of the fact that it is a very common thing to find heart clot, and a heart clot of a white color, a clot that would be taken to be an ante-mortem clot. In other words, under various conditions, when death is approaching, the heart clot frequently forms. Now then, what I am getting at is this: what change in the endothelium takes place to determine this heart clot in all these cases? Is it endocarditis? Is there endocarditis in all these cases which determines the formation of heart clot? Under these circumstances we may say that the heart clot is the cause of death, in a good many cases it is a factor; but the question is: is it the cause of death or does the heart clot form because of the condition of things which exists with the patient at the time—the feebleness of the circulation, the condition of the blood, etc. I have seen, time and again, in the dissecting room, heart-clot and also in post-mortems, and the question is, is it due to endocarditis? I am willing to admit the influence of the endothelium in the prevention of the formation of clot but that is not the point; the point is whether there is a special change in the endothelium which produces this heart clot? Unless we are prepared to admit that there is always a change in the endothelium when a man is dying I do not see how we can urge this point. If we do that, of course, that is simply begging the whole question, but I do not exactly see why we should attribute it to a condition analogous to that which exists in inflammation.

DR. BREMER.—All the clots that form in the heart after death come away easily.

DR. PREWITT.—Suppose you have a perfectly white blood clot in the heart?

DR. BREMER.—That does not matter that it is perfectly white and fibrinous; but it is attached in such a way that when you tear it off, a portion of the heart's intima will come away with it and there are active signs of inflammation; every time that an ante-mortem clot forms, that is to say, a clot which is not due to feeble action of the heart, there is an inflammation of the endo-

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thelium. This inflammation has been overlooked in a great many cases, but if you look for it closely you will find it in every case, without any exception. I have quite frequently had occasion to see such cases and I know that the authorities upon this point insist upon it that whenever the clot is adherent it is an invariable sign that it was due to inflammatory change ante-mortem. Whenever the clot comes away easily you may conclude that it is a post-mortem clot.

DR. ATWOOD.—Does Dr. Bremer recollect the fact that in death from fatty degeneration of the heart there may be heart clot without any evidences of endocarditis anywhere?

DR. BREMER.—In fatty degeneration of the heart, the heart is insufficient merely from heart paralysis. The clot that may be found or may not be found in the heart that has undergone fatty degeneration is not an ante-mortem, but it is a post-mortem phenomenon, at least it occurs in *articulo mortis*, in the act of dying. Nobody has ever been capable of looking into it; it may be that in the last moments of life this clot has already formed, but then this clot differs from the adherent inflammatory clot, from the clot due to inflammatory changes in the endothelium. These are two things that have to be kept separate, because they have nothing in common whatsoever. The clot which is formed after, and the ante-mortem clot may be exactly the same in structure; that is, they are identical when looked at under the microscope. There is not a particle of difference and still the two processes are different.

DR. PREWITT.—I would like to ask the doctor how he determines that question that the clot which is found adherent to the endothelium is ante-mortem and the clot which is precisely similar in every respect to this ante mortem clot and which he says is a post-mortem clot can be distinguished; we cannot look into the heart several hours before death in order to determine it; I would like to know how he determines that question or how it is to be determined when we have a clot that is formed ante-mortem and one which is formed post-mortem?

DR. BREMER.—Supposing a man were to die suddenly. On making a post-mortem you cannot find anything in the whole organism which is at all abnormal except a circumscribed endocarditis and you find at the same time a clot which firmly adheres; then you say that man died from the clot in the heart due to inflammatory change in the endothelium; but if you find on the other hand, disease of other organs sufficient to account for his death, and, at the same time, you find a clot in the heart which looks exactly identical to the one which I have described, a clot which is easily detached and where there are no inflammatory changes in the endocardium, then you say that is a post-mortem clot or, perhaps, a clot formed in the agony of death. Now, in the first place, heart clot is evidently the cause of death and the clot is perfectly adherent so that the endothelium has to

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be torn in order to remove. In the other case we have sufficient cause for death outside of the heart clot, and the clot is not adherent so that it is evident that in the latter case the clot was formed post-mortem or intra-mortem.

DR. DEAN.—I thing Dr. Bremer said a little more than he intended when he said that you could not distinguish the difference between ante-mortem and post-mortem clots under the microscope. I think we can ordinarily determine by reference to the laminated structure of the clot and that there are such changes in it which upon close examination will enable us to determine.

DR. BREMER.—I accept the correction in part. I will say that sometimes you cannot make out the difference under the microscope between the clot which is formed by inflammatory change ante-mortem and the post-mortem clot. But in this case it would not be very difficult to determine that this was not a post-mortem clot because it is of a leathery feel, it feels almost as tough as soft leather. So that in this case I suppose an experienced pathological anatomist would have been able to make a diagnosis simply by feeling the clot, that is, he would be able to say that a considerable time must have elapsed since the formaof the clot.

DR. PREWITT.—While I am willing to admit that in cases of endocarditis alteration in the endothelium occurs which would predispose to produce heart clot, I cannot say that I am prepared to admit that there must necessarily exist that condition of things in order that we shall have heart clot ante-mortem. I think any one who has been in the dissecting room a great deal, or who has performed post-mortems, must have seen a great deal of these heart clots, and he has seen clots which had this tough, leathery feel which Dr. Bremer refers to and yet he would he prepared to say that they were not ante mortem clots. The doctor referred to one point that I intended to refer to before and that is the fact that it is possible sometimes to make a diagnosis of heart clot ante-mortem, during the life of the patient, and on this point we are indebted to Dr. B. W. Richardson, of London, who has drawn attention to the matter, and very emphatically states that formation of heart clot presents the symptoms of hæmorrhage without a visible loss of blood; the symptoms or indications of the formation of heart clot are the symptoms of hæmorrhage. He has been able to diagnosticate the formation of heart clot and in one case in which he was called in consultation he predicted that the patient would either die or there would be an embolism in some part of the body in some limb, and that if an embolism did occur that the patient might recover; and this thing did actually occur and the patient did recover. Now why did not the heart clot go on forming after? Was this condition of the endothelium, which had determined its formation in the first place, changed? Dr. Richardson claims that he has been successful in disintegrating heart clots already formed by the administration of ammonia. He

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was able to determine all physical signs by the examination of the patient with a special view of determining that question that there was heart clot, and I would like to ask the doctor why after the embolism had occurred, in the case which I have mentioned, the heart clot did not continue to form?

DR. BREMER.—I do not think it is justifiable in science and medicine to ask why this and that did not take place, we should not ask such questions because they are unanswerable. But I want to ask the doctor one question, and that is, did he ever see a case of adherent clot in the heart where there was no inflammation of the endothelium?

DR. PREWITT.—I have not had my attention called to that point especially and I am not prepared to answer the question.

DR. BREMER.—It seems to me that the doctor ignores for the time being the point that I made. I do not wish to be misunderstood. What I claim is, that this growing together of the clot with the walls of the heart, with its endothelium, is the distinguishing feature of the clot which is formed as a result of the alteration of the endothelium; that is what I intended to lay stress upon.

DR. PREWITT.—If the doctor will allow me I will ask him one question: isn't it assuming a good deal to say that if the clot presents this condition of adherence that the clot is the result of an inflammation of the endothelium and has been formed antimortem, isn't it assumption to say that?

DR. BREMER.—The clots which are the cause of death are those clots which are adherent, and due to inflammation, but those clots which are formed in the agony are not the clots that kill, but they are the result of heart paralysis, that is the difference that must be made between the two kinds of clots.

DR. MUDD.—It seems to me that there is a little room for doubt in the interpretation of the remarks of the gentlemen in reference to these questions. The clots of which Dr. Bremer speaks and which he lays stress upon are certainly always antimortem; they come as a result of an inflammatory process antemortem and they come as the result of the inflammatory action and are adherent at the point of the inflammation; they may very readily produce death and do sometimes do it but not necessarily. Now, there is another class of clots, and I think both gentlemen who have discussed this question are agreed that there is a class of clots which are formed either post-mortem or ante-mortem but which when formed ante-mortem are formed in the agony of death, formed from the weakness of the heart's action and from the condition which attends the death; these clots are, as the doctor has stated, very frequently found in the dissecting room and post-mortems. Now these are ante-mortem clots ordinarily but clots that are formed from the conditions that develop with the death of the patient.

DR. SCOTT.—Would not those clots be called post-mortem?

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DR. MUDD.—That is not as I understand it, we are, as I understand, discussing the formation of ante-mortem clots. There is a different clot which is formed in the heart post-mortem, very late clots, and there is a difference between the clots formed in this way and those which I speak of; the clot of which the doctor speaks is always formed ante-mortem and is different from the post-mortem clots, those which are formed simply in the death agony.

DR. PREWITT.—I would like to ask Dr. Mudd if it has not been his experience that frequently in the dissecting room these white, tough, elastic clots are found in the cadaver?

DR. MUDD.—It is certainly a very frequent occurrence and I have seen them extend out into the ramifications of the pulmonary artery; that is, these formations in the artery were continuous with a well formed clot found in the heart. I do not think that these however are ordinarily adherent to the surface of the membrane. These clots are very often entirely colorless and fibrinous in their character and leathery in their feel.

Injury of Ankle—Specimen.

DR. PREWITT.—I have a specimen which illustrates some points in reference to the treatment of injuries of the ankle which may be interesting in that way. I have here a foot which, in conjunction with Dr. Hendrix, I amputated to-day. This man jumped 25 or 26 feet from a scaffold, falling upon his foot producing a compound fracture of the ankle joint and an injury of the spine besides. When we were called to see him I found the external malleolus driven down and thrust through the integuments, the tibia was comminuted, and the foot, as Dr. Love states when he first saw it, was driven up, as it were, so that the external malleolus was pushed down well towards the plantar surface, I do not mean down to the border but certainly much below its normal position. The question which came up at the time was, whether we should make an effort in accordance with the principles of conservative surgery, to try to save the foot, or whether it would be best to amputate it immediately. A rather casual examination of the foot while the patient was not under chloroform made it pretty evident that we could not save the foot in the condition it was in. On manipulating it after putting the patient under chloroform we could feel this bunch of bones rolling around in there like marbles in a pouch, and I could thrust my finger half through the rent in the integument and reach a portion of the bone which I afterwards found to be a portion of the articular surface of the tibia, but really I thought it was the astragalus at the time, it was turned somewhat backwards and the articular surface thrown somewhat forward. We concluded that it was useless to attempt to save it without resection or amputation and to attempt to do so would have been hazardous to the patient's life. We determined therefore first to try to resect with the un-

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derstanding that if the conditions were such as to make resection unsafe, to resort to amputation. I made an incision in the external malleolus and resected the malleolus with the tibia first to such an extent as to pass my finger in and found a number of small bones; some of them have been lost and some of which we have here. There were so many of these pieces of comminuted bone that it looked almost futile to attempt to do anything in the way of resection. We found that not only the internal malleolus was broken, but that the tibia was shattered and split upwards, as well, and that it was necessary to saw off a piece of the tibia. The laceration and injury to the soft parts were such that even if we could save the foot there would be at least two inches of shortening and with a very poor foot after all and, then again, there was a question as to whether it could be saved at all. So we thought best, under the circumstances, to amputate the foot, which was done. We concluded to treat it by the open method. The circular operation was performed, such as has been so strongly advocated by Dr. Linck, of Terre Haute, and so successfully practiced by him and which I was beginning to believe was the safest method, not that it was the most rapid, but because, if we amputated in any other way and did not secure union by first intention, we might submit the patient to many hazards of inflammation or suppuration; whereas in the open method we have thorough drainage and it is an exceedingly rare thing to have anything like septicemic symptoms taking place. The patient has been very comfortable since the operation so far as the leg is concerned but he complains a great deal of his back. There is no loss of sensation or motion but about the junction of the dorsal with the lumbar region there is considerable swelling. There is no paralysis. I hope that there is no serious injury done to the spinal cord, doubtless there is a certain amount of concussion of the spine and he complains a great deal of the back. There may be injury though we could not recognize it by external examination.

DR. MUDD.—I do not wish to discuss the specimen, which is very interesting, showing the amount of violence which may be done by such an accident, but I wish to say that I think the operation a proper one. I would like to call attention to and endorse the circular method of amputation; it is a good amputation, it makes an admirable flap and there is not likely to be much sloughing or loss of tissue inasmuch as the drainage is most perfect. I am not so sure about the result of treating wounds by the open method. I have always believed that drainage ought to be very efficient. Until recently, if I were required to dispense with either antiseptics or drainage I would dispense with antiseptics and keep the drainage tubes; but during the last year I have grown more enthusiastic for antiseptics than ever before. I never became an enthusiastic advocate of antiseptics during the days of carbolic acid; I do not believe that it accomplished what was

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claimed for it, it certainly never did in my hands; but during the last year I have used corrosive sublimate washes to irrigate the wound, and I am satisfied that I have been more successful than I ever was before. I can make an operation now, that a year or two years ago I should have undertaken with considerable hesitancy, with a degree of confidence that is a comfort, and I believe that amputations can be made in this way and with these corrosive sublimate dressings and irrigating the part during the operation, and healing by first intention can be secured in cases where it could not be done otherwise. I have had wounds that have remained unhealed for a period of three or four weeks or more, without the slightest suppuration they have healed kindly with simply a slight serous discharge with an open surface under these dressings. While the circular method and the open treatment of the wound is a safe one, it is not as safe as is the manner of treatment of which I speak, in my judgement. I was in New York a year ago and saw a number of wounds treated in this way and I was very favorably impressed with the results, I certainly think these dressings are very much superior to Lister's antiseptics.

Dr. Ed. Borck.—I have seen some of Dr. Linck's cases, not for one day alone but for several days continuously. I certainly think that his patients get along admirably under his treatment. I had a case about four years ago of a boy who had his arm cut off in a machine. At the time I saw him there was no hæmorrhage and I thought it was not necessary to tie the brachial artery, as a clot had already formed, but I did make a ligature and, as usual, left the stump and there was a beautiful result in this case. I treated this as an open wound. In regard to drainage and permanent dressing I would say, that if a surgeon can make a nice clean amputation that he should make it. I always prefer to close the wound and use permanent dressing without any drainage. I use no drainage tubes whatsoever; I do not open the wound at all and it generally heals by first intention; but if it does not heal by first intention I feel confident that it is a wound which will heal without suppuration by granulation tissue springing up.

Saturday, June 13, 1885.

Dr. Atwood, President, in the Chair.

Pediculated Exostosis of External Ear.—Specimen.

Dr. Williams.—A few days ago I saw a case of pediculated exostosis of the external anditory meatus, a very rare condition. The patient thought he first noticed it nearly six years ago. On examination I found the external meatus filled up with a hard mass which, upon closer inspection, proved to be solid bone, covered by a very thin skin. The bone was eburnated. It had the shape of a polypus, and the pedicle from which the bone grew

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was extremely small, it grew from the posterior wall of the external meatus; there was no space by the side of the bony formation down in the bottom of the ear. On feeling of this bony mass with an instrument I learned that it was movable but extremely hard and after examining it closer I concluded that I would try to remove it by force. I passed a stiff instrument under the lower side of the tumor between that and the lower meatus and gave the tumor a sudden violent twist and was fortunate enough to loosen the pedicle. Thus I succeeded in getting the tumor away very nicely and completely. I will say that the ear was otherwise healthy, the bottom of the ear has still a good drum and is not disturbed and the man has very good use of his ear. I record this case simply because of its extreme rarity. Pediculated exostosis, I believe, is not mentioned in the books and I have never met with a case before. These masses are always conical in form when found in the external meatus with a very broad base and it is practically impossible to remove them unless you do a very serious and dangerous operation in taking them away.

Cocaine.

DR. JORDAN.—I would like to ask if any gentleman in the Society has ever used Parke, Davis & Co's preparation of cocaine. Some weeks ago it was stated that *Squibb's* preparation was an *entire failure* and I would like to know if Parke, Davis & Co's is efficient or if any one present knows anything about it.

DR. ATWOOD.—In answer to Dr. Jordan I will say that I have made liberal use of Parke, Davis & Co's preparation of cocaine both topically and generally; that is, applications to the surface and also hypodermic injection. Within the last few months I have treated three cases of confirmed morphine eating, hypodermically by the use of cocaine, and I have used Parke, Davis & Co's preparation with the most happy result. In one case, that of a gentleman who was very nervous and delicate, who came to my office, (he is a man about 68 years old, depressed to the last degree, and could hardly speak above a whisper), I gave a hypodermic injection of a four *per cent.* solution of cocaine and within five minutes, ten at the outside, witnessed a most extraordinary transformation. The gentleman instead of being depressed appeared remarkably vivacious; he became exceedingly talkative and moved about the house with a great deal of celerity and it was with a great deal of difficulty that I made him remain in the room. After having conversed with him some time in a very lively and interesting manner, I said to him, "Your whole nature seems to be changed." He said, "Yes, I feel like a boy: what you gave me has rejuvenated me; I feel as if I was not over 20 years old." He also had been suffering with a numb and sleepy condition of the extremities which became desperate. He left my office and told me that the effect lasted several hours so that he was able to transact business that the day before he could not

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have done. I repeated the hypodermic injection in the afternoon and it acted in a similar manner except, perhaps, that the effects were not quite so marked. I did not use it for several days when he returned declaring that he did not need it any longer, nor did he have any desire for morphine and left the city. In some other cases the result was not quite so marked; the cases were those in persons who were laboring under some chronic neuralgic affection and where the morphine had been used for the purpose of securing sleep or rest, at least freedom from pain, anxiety, etc. I regard it as almost a complete antidote for morphine.

DR. MULHALL.—I want to add some experience to what I reported some months ago with regard to the local anæsthetic effect of cocaine. I have had no occasion to use it by hypodermic injection and therefore cannot say anything about its effects when used in that way, but I am just as pleased with its local anæsthetic effect as I was at that time. Dr. Williams witnessed a galvano caustic operation which I performed under the influence of cocaine in which the patient expressed herself as not having felt the operation at all. He also for the first time saw the wonderful effect on the erectile tissue of the nose. I have found it of great use for diagnostic purposes; in the nose for instance, sometimes the anterior portion of the inferior turbinate tissue is so swollen that you cannot see the further interior of the nose. There may be a polypus there or something but you cannot see it and by applying a four *per cent.* solution of cocaine the swollen turbinate tissue is decreased and the amount of the swelling so reduced in a few seconds that you are enabled to examine the nose thoroughly. I think for this purpose it is very valuable. I have used it in another case of laryngeal tuberculosis with the most happy effect.

DR. FRY.—In regard to the use of the muriate of cocaine, I used a four *per cent.* solution of Parke, Davis & Co's which was made from the salt by my druggist; that is, I think the druggist made it from the salt, at any rate it was a four *per cent.* solution of cocaine, and in the cases in which I used it did not give any relief at all. I used it for an irritable condition of the malleus and used enough in the meatus to make a successful application; that is, I used it by soaking absorbent cotton in the solution and introducing it carefully by means of a speculum into the meatus and let it be retained there. But another of the cases in which I used it did not seem to derive any relief at all.

Foreign Bodies in Antrum of Highmore.

DR. MULHALL.—I would like to detail a unique case which will probably be of some interest. Some four or five months ago Dr. Pollak did me the honor to refer to me a case of a lady who had a discharge from the right nostril which was purulent and fetid. After due consideration I diagnosed the case to be one of purulent catarrh of the adjacent antrum, and, in accordance with

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the proper method of treatment, I sent her to a dentist with instructions to have her first molar tooth drawn and have the cavity washed out and then have a gold tube made with a flange by which it could be fastened onto the adjacent teeth, so that she could wash out the cavity through the tube. She visited the dentist; he pulled the tooth and bored a hole through into the antrum and found that my diagnosis was correct. Then she told him she did not think she could afford a gold tube so he put in a wooden plug and when she got home her husband undertook to make a tube and made one out of hard rubber, an end of a syringe, perhaps three quarters of an inch long and fitted it into the alveolar hole and it seems to have done very well. She washed out the antrum with the solution which I gave her, I think of iodine, and she called on me a few days and was getting a great deal better. The odor and discharge was lost and she showed me the tube and I remarked to her that it was very likely to slip out though I did not think it would slip up. In the course of three or four weeks she called and said she had lost the tube; that it had probably slipped out or she had swallowed it, and I instructed her to have another made. Her husband made her another, her discharge by this time had began again. In the course of two or three weeks she called and said that she had lost the second tube. She said "You don't think it has gone up into the antrum, do you?" I said, I hardly thought so, I did not think such a tube an inch long would get up there. I told her she had better have another one made. So she got her husband to make another. This time, however, he made a plug, because the part was quite patulous, which was withdrawn when she wanted to wash out the cavity and put in to prevent the cavity from closing up. Again in a few days she called on me and said, "Now I am perfectly satisfied that the tube went up into the antrum." I asked her if she thought that was where the others had gone and she said she did not know. The discharge was fetid again and she was having a great deal of pain about the eye ball. She agreed to an operation for the removal of the tubes. I first separated the cheek from the jaw so as to enlarge the field of operation. I then with chisel and mallet made an incision above the alveolar border into the antrum about an inch long, then cutting in at right angles as far back as I could get; introducing the chisel I simply broke the wall of the antrum open and in the course of half an hour's search found one of the tubes which I withdrew, and, to make a long story short, in the course of two hours I found the two other tubes, making three in all. There was still one there which I could not find. She recovered from the operation performed without anæsthesia very well; there was very little re-action. I went to see her the next day and in washing out the cavity I washed out the fourth tube; she said she was sure there were no others.

DR. DUDLEY.—Why were they so difficult to find?

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DR. MULHALL.—In the first place I did not have a very good light, and the cheek retracted with difficulty. She was a very large, fleshy, woman. Then there was a great deal of blood and pus oozing from the wound. Then again, if you will examine the cavity of the antrum you will find that it is not simply a round hole, there are several depressions where a tube might lie and you could not find it very easily.

DR. FRY.—I would like to inquire of the doctor why in the first place he did not make a hole in the side of the antrum instead of pulling out the tooth. I do not know what is the custom in regard to this particulate matter, but it seems to me that I remember being taught particularly not to pull a tooth as it was a simply thing to cut into the antrum and save a tooth to the patient; we accomplish more perfect drainage by piercing the wall of the antrum.

DR. MULHALL.—I am glad the doctor asked that question. If the doctor will take up the skull and look at the antrum he will see that the lowest point of drainage is not reached by making the opening above the alveolar border. The lowest point of drainage is to be obtained by drawing the tooth, that is one reason, and, another reason, because the diseased tooth is perhaps the most frequent cause of the commencement of purulent catarrh of the antrum.

DR. FRY.—Was the tooth diseased?

DR. MULHALL.—O yes! These were two reasons, and a third one is, because it is a far simpler operation to pull a patient's tooth and have a dentist make the opening in the antrum than to make an opening above the alveolar border, and it is far more agreeable to the patient; I have had several cases of purulent catarrh of the antrum lately. I think that this trouble is very often mistaken for nasal catarrh and it is very often treated as nasal catarrh or infra-orbital neuralgia and various other troubles.

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New Instruments.

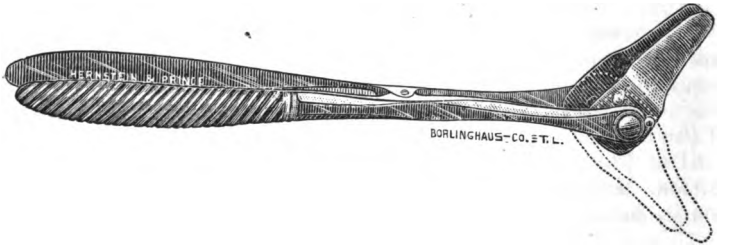
Article XXV.

NEW INSTRUMENTS. By THOS. F. RUMBOLD, M. D., of St. Louis.

Nasal Speculum.

This nasal speculum is about 8 inches long. This length is given it to enable the patient examined or operated upon to hold the instrument in position, thus allowing the physician

Fig. 4.—Nasal Speculum.



to use his hand for other purposes. If the patient does not hold the instrument in the best position for viewing the anterior naris, the physician may adjust it to its proper place. Thus held it will be far more comfortable for the patient than if the instrument is applied by the physician.

One of the blades is flatter than the other; this blade is applied to the nasal septum, consequently when the other nasal passage is to be inspected the blades are reversed, as shown by the dotted lines.

On each blade are two short pins or stops to prevent the blades from taking a position that would approach a right angle to the handles, which position they would be liable to take were the instrument used to elevate the ala of the nostril.

I use them for all operations in the anterior nasal passages and in the application of the spray producers if the anterior naris is narrow.

Modified Jarvis Snair.

The Jarvis Snair is one of the most useful instruments that

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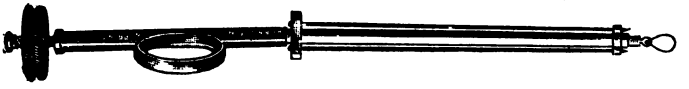
has been invented in New York City during the last twenty years.

In some instances I find this instrument, as modified by me, has a little advantage over the original Jarvis snair, but in very many cases I use the snair as it came from its inventor. The modification consists in the following:

Fig. 5.—Modified Jarvis Snair.



1st. The excising nut is placed at the other extremity of the instrument, so as not to intercept the operator's view of the parts under inspection.

2nd. A ring is employed for holdidg the instrument. I prefer the patient to hold the instrument while the excision is being performed, as he can do so far more comfortably to himself than can be done by any one else; I also direct him to turn the excising nut. As the excission should be performed slowly—to prevent hæmorrhage and the foundation of extensive cicatrical surface—his sensations are the best guide as to the speed of the cutting process. As the pain lessons he is directed to turn the nut, and placing this nut on the outer extremity of the instrument, I have found to be a little more convenient also for the patient.

3rd. The wire holder is a rod not a tube. There is not the least advantage in this, but this is required if the excising nut is placed on the outer extremity of the instrument. This rod is long enough to extend beyond the inner extremity or operating end of the instrument, and the portion thus protruding has a small opening in which to fasten the excising wire. After the wire is firmly attached, the extremity of the rod is then drawn into the barrel of the instrument leaving the loop of wire extending one inch, or more or less, from the instrument and ready to be applied to the hypertrophied tissue to be removed.

4th. Two needles are permanently fixed on a perforated slide, which moves easily on the instrument, and is seen next to the ring. To make the needles take the right direction, their points pass through a guide that is also slipped on the instrument's outer extremity. This guide fits so tightly on the instrument that it does not leave its place while the needles are being pushed

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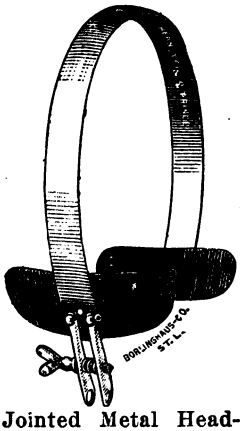
through it by the finger of the operator applied to a perforated slide, which, as has been said, moves easily on the barrel of the instrument. This machanism insure the needles taking the desired direction.

5th. The instrument is bent on itself, at the location of the perforated slide to which the head of the needles are attached. This is done to make a sufficient angle to prevent the nut from interfering the operator's view of the parts inspected. The illustration given above does not indicate this angle very markedly, as the instrument is lying on its side to show the ring.

JOINTED METAL HEAD BAND FOR HOLDING A HEAD-MIRROR FOR RHINOSCOPIC AND LARYNGOSCOPIC INSPECTION.

Fig. 6.



Jointed Metal Head-band for holding the Head-mirror.

In 1865 I had Geo. Tiemann & Co., of New York make me a jointed mettle head-band for holding my laryngoscopic head mirror, I have used it every day since that time and exhibited it to the members of the Laryngological Sub-section of the International Medical Congress of London, 1881.

The above illustration shows, very faintly, the joint in the upper and middle portion of the mettle band. The two pads attached to the anterior and posterior extremities of the band are made of black rubber. When the instrument is not in use, the joint in the upper portion of the band allows it to be slipped or turned, so that one half of it lies into the other; the pads are also so attached that they can be turned into line with the metal band thus economizing space.

The advantage of this kind of a head-band is that it passes over the top of the head, and thus avoides the painful effects of a girdling elastic band passed around the head.

The metal band holds the mirror firmly on the forehead.

A NEW PHIMOSIS FORCEPS. By WALDO BRIGGS, M. D., of St. Louis, Missouri.

The superiority of these forceps over others designed for the

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operation of Circumcision consists in the simplicity and celerity of the operation as performedwith them; the comparative freedom from hæmorrhage and the exactness of the coaptation of skin with the membrane when sutures are in, which will almost insure healing of the wound by the first intention.

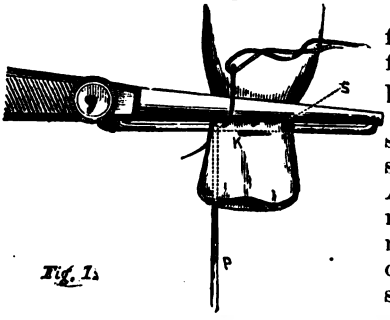

Fig. 1.

Figure 1—Represents the first step of the operation; the forceps in position showing probe within the prepuce laterally and needle passing to inner side so as to prevent making a suture through the skin only. Any desired number of sutures may be passed, but it is only necessary to have three, which on division of the loop makes six sutures, three on each side.

Figure 2.

Shows sutures in position and foreskin transfixed above the guide or extra blade.

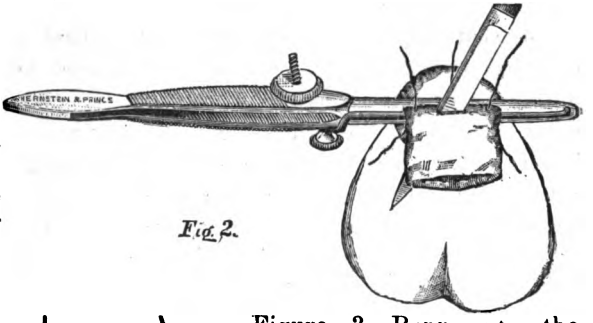

Fig. 2.

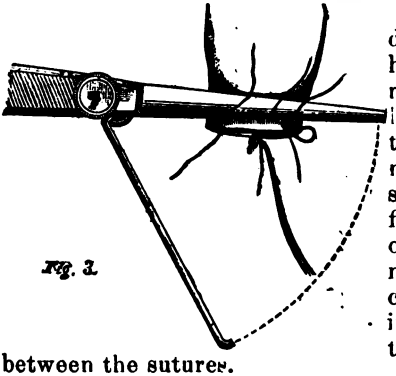
Fig. 3.

Figure 3—Represents the division of the foreskin, and hook (a probe or tenaculum may be used) drawing up the loop in the centre or between the membranes. These loops may now be divided and the sutures tied on each side. The forceps being held laterally obviates any constriction of the membrane in the majority of cases; but should there be any, it can be remedied by dividing the membrane on the dorsum between the sutures.

This instrument was made for me by Messrs. HERNSTEIN & PRINCE, Surgical Instrument Manufacturer of this city.

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Periscope.

Article XXVI.

Antidote of Morphine.—It has been discovered, by experiments with dogs placed under the influence of morphia even to coma, that the hypodermic injection of a solution of theine is an almost instantaneous antidote, neutralizing the effect of the narcotic and reviving the animal after the action of the heart has become imperceptible. Caffeine possesses similiar properties, but is less immediate in its operation.—*Louisville Med. News.*

Myalgia Obesity.—Woman; æt. 35; obese. Five years ago confined with last child. Then had puerperal mania. In a few months began to increase in weight. At present has fugitive pains throughout the body—a general myalgia—omental deposit is very thick. She complains of her heavy weight; can scarcely walk. Has no cardiac lesion; no degenerative changes. The legs have swollen at times, due to pressure on vena cava.

She eats the article which produce fat—farinaceous vegetables, bread and butter, with coffee, starches, etc. She takes the juices of meats, with sauces, but does not *eat* meats.

To lessen this tendency to obesity her diet must be changed. Urine normal in all respects.

Treatment.—Change diet gradually. Let her *eat* meats except pork, duck and salted meats. Interdict *fried* fishes and meats.

Let her take succulent vegetables, that contain the least amount of starch, as stewed apples, boiled onions, with skimmed milk and eggs. Acid fruits are of avail. Allow hot milk as a substitute for tea, etc.

For the myalgia and obesity, also give—

℞. Potass. permang., ... gr. ij.

in pellets, 4 times a day. Take it in filtered water. It will relieve the pains and check obesity. Uric acid will be eliminat . Exercise is of paramount importance, and should be taken regularly, a few hours after meals.—*Col. & Clinical Record.*

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Book Reviews.

Article XXVII.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P. Fourth American from the fifth English Edition with notes and additions. By Robert P. Harris, M. D., with three plates and two hundred and one illustrations. [Phila.: Lea Brothers & Co., 1885.

This work has long been looked to as the highest authority on subjects pertaining to midwifery, as has been showm by its being adopted as the text book on this subject by many of our leading colleges.

Although it has been but a short time since the fifth English Edition, from which this American edition has been compiled, has appeared, the editor has seen proper to revise several chapters in order to bring the work up to the present high standard that this branch has reached.

Besides the ordinary differences in the practice of midwifery that exist between the profession of America and England the author has added the new forms of cæsarian operation devised in Germany, the experiences in Berlin with Hick's method of treating placenta prævia, the latest American statistics in the cæsarian section and loparo-elytrotomy and the latest Porro statistics of the world. An article on spondylolisthesis has also been added and an article on the rational treatment of rupture of the uterus.

In regard to the treatment of placenta prævia. Dr. Lomer's directions concerning Dr. Hick's method are as follows:

"Turn by the bi-manual method as soon as possible; pull down the leg, and tampon with it, and with the breech of the child the ruptured vessels of the placenta. *Do not extract the child then*: let it come by itself, or at least only assist its natural expulsion by gentle and rare tractions. Do away with the plug as much as possible; it is a dangerous thing, for it favors infection and valuable time is lost with its application. Do not wait in order to perform turning until the cervix and the os are sufficiently dilated to allow the hand to pass. Turn as soon as you can pass one or two fingers through the cervix. It is unnecessary to force your fingers through the cervix for this. Introduce the whole hand into the vagina, pass one or two fingers through the cervix, rupture the membranes, and turn by Broxton Hick's bi-

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manual method." * * * * "If the placenta is in your way, try to rupture the membranes at its margin; but if this is not feasible, do not lose time: perforate the placenta with your finger, get hold of a leg as soon as possible, and bring it down."

CHOLERA: Its Origin, History, Causation, Symptoms, Lesions, Prevention and Treatment. By Alfred Stillé, M. D., LL. D. 8vo. pp. 164. [Phila.: Lea Bros. & Co., 1885.

A work on this subject from an author so well known as Dr. Stillé can not but be valuable as well as interesting.

The history of the epidemics of this dread disease are fully given, as well as the etiology, symptomatology, etc. "While declining to accept the doctrines of these physicians (Koch and other bacterologists) as demonstrated, the author seeks to exhibit the specific nature of cholera by evidence drawn from its origin and mode of propagation, to disabuse the medical profession of the erroneous notion that the disease ever originates *de novo*; to maintain the necessity of 'quarantine,' in the official sense of that word."

This book is a valuable addition to our library.

MEDICAL MONOGRAPHS. From the Scientific Department of Parke, Davis & Co.

This 27 page pamphlet is quite interesting and is well worth the time spent in reading it.

LARYNGEAL HÆMORRHAGE By J. W. Gleitzmann, M. D., Reprint. *Am. J. of the Med. Sciences.*

This pamphlet contains an interesting collection of cases.

CHOLERA IN EUROPE IN 1884. U. S. Consular Reports, Published by the Department of State, According to Act of Congress.

This collection of reports gives a complete recapitulation of the cholera epidemic of 1884 and is, therefore, very valuable.

THE TRANSACTIONS of the Medical Society of the State of West Virginia, at its eighteenth annual session, held at Weston, May 20th and 21st, shows that a commendable amount of work has been done. The address of the president, Dr. Geo. Baird, of Wheeling, is exhaustive and interesting. He spoke of the necessity of guarding against an epidemic of cholera, and of the need of more perfect sanitation. Dr. Dickey, of Wheeling, read a paper on the "Errors of Refraction."

Dr. Frissell, of Wheeling, spoke of "Blood-Letting and the use

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of Forceps in Labor." Dr. F. Howell, of Clarksburg, reported a case of the successful use of "Carbolized Catgut Ligature in Divided Tendons." Other papers of interest were presented. The society now numbers 115 active members.

The society meets next in Charleston, on the third Wednesday in May, 1886.

Cancer. A Study of Three Hundred and Ninty-Seven Cases of Cancer of the Female Breast with Clinical Observations By Willard Parker, M. D. [New York & London: G. P. Putnan's Sons. St. Louis: St. Louis Stat. and Book Co. 1885.

This work is from posthumous notes by Willard Parker, and are revised and arrainged by his son Willard Parker, Jr. The remarks embodied in the work have a particular reference to cancer of the breast, though they are also applicable to cancers in general. The author regards the cancer as primarily a local disease, but that in the latter stages, after the formation of the primary tumor, the blood becomes contaminated with infecting elements, which, being conveyed to other parts, cause the cells of these parts to assume that condition which is called malignant. He thinks transportation of tissue is also effected through the lymph current.

In the treatment of this disease he favors early removal and after the thorough removal he enjoins the following rules: "Avoid udnecessary luxury in mode of life. Abstain from eating food rich in nitrogen. Take sufficient exercise; urge cleanliness; avoid all articles of dress that will induce irritation of the skin by pressure. Cultivate cheerfulness, and regulate various functions, especially that of menstruation."

This work is especially valuable as it contains the records of near'y 400 cases of cancer that have occurred in the practice of the author. The tables are especially valuable.

Daniel's Medical Journal.

It is with great pleasure that we place upon our exchange list *Dansel's Texas Medical Journal.* This is the second Medical journal that Dr. Daniels has started in the Lone Star State. The first one, the *Texas Courier Record of Medicine*, after having become an established success, owing greatly to the labors of Dr. Daniels, has become the property of Dr. W. B. Brooks.

We bespeak for this new periodical a bright and useful carrear, may it visit our table with regularity and may it receive that support from the profession of Texas that it deserves.

Second Report of the State Board of Health of the State of Tenn. October, 1880—December 1884.

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The report of the secretary of the board, Dr. J. Berrien Lindsley, extends over 200 pages, and is as valuable as it is extensive. The different reports presented show that the committees of the board have been alive to their duties. Tennessee is fortunate in having a board so energetic.

Notes and Items.

ARTICLE XXVIII.

AMERICAN RHINOLOGICAL ASSOCIATION.

THE THIRD ANNUAL MEETING OF THE AMERICAN RHINOLOGICAL ASSOCIATION, will be held at Lexington, Ky., October 6th, 1885. Papers and Discussion will be devoted exclusively to the Diseases of the Nasal Passages and their sequences.

OFFICERS FOR 1885.

President. P. W. LOGAN, M. D., Knoxville, Tenn.; *1st. Vice President.* A. DEVILBISS, M. D., Toledo, Ohio; *2nd. Vice President.* J. A. STUCKY, M. D., Lexington, Ky.; *Recording Secretary.* C. A. SIMS, M. D., St. Joseph, Mo.; *Librarian.* N. R. GORDON, M. D., Springfield, Ill.

COUNCIL.

J. G. CARPENTER, M. D., Stanford, Ky.; H. JERARD, M. D., East Lynne, Mo.; H. CHRISTOPHER, M. D., St. Joseph, Mo. E. F. HENDERSON, M. D., Los Angelos, Cal.

Information concerning the full Programme, Membership, Papers, Attendance, etc., may be learned from any of the above Officers of the Association.

AN ANOMALOUS HUMAN LUNG HAVING FOUR LOBES ON THE RIGHT SIDE.—Dr. William A. Edwards records in the July number of *The American Journal of the Medical Sciences* an instance of this extremely rare anomaly, which was situated between the middle and lower lobe, it was quite as long as a man's hand, and at its widest part measured two and a quarter inches, tapering to a quarter of an inch, and finally to the thin border as in the other parts. Its tissue was normal and functionally active.

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THE SAINT LOUIS
Medical & Surgical Journal.

VOLUME XLIX——September, 1885.——No. 3.

Original Contributions.

ARTICLE XXIX.

THE CARE OF THE VOICE OF PROFESSIONAL VOICE-USERS.* By THOS. F. RUMBOLD, M. D., of St. Louis, Mo.

The answers to the following three questions are important to professional voice-users:

1st. Is it necessary for singers and speakers to protect their throats while going to the place where they are to sing or speak, and if so how shall they do it?

2nd. Should they use a gargle or a local tonic, in case their throats "do not feel quite right."

3rd. What course should be persued after singing or speaking, and while on the way home?

PROTECTING THE THROAT BEFORE SINGING AND SPEAKING.

The answer to the *first* question is dictated by common sense, namely: protect the throat if the weather is such that if it is not protected the singer or speaker would be liable to take cold. A loosely knit woolen neck-comfort is the best wrap to for such purposes. It should not cause the least perspiration. Be particular on this point, as an over-heating of the neck might prove a greater detriment to the mucous membrane of the air passages than would happen to it, were no use made of a neck-wrap.

A small quantity of vaseline rubbed on the neck just after washing, will prove a valuable protector against colds. Many persons may fear that after the vaseline is applied to the neck, the skin will have a greasy appearance, such need not be the case, as the quantity required is so very small that no one can see that any has been placed on the surface.

* From advance sheets of Dr. Rumbold's Hygiene of Catarrh. Third Edition.

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GARGLES, ETC.

The answer to the *second* question is that no healthy throat requires any local tonic, as such a throat is never dry nor does it feel "just a little out of sorts."

While this is the case with the healthy throat, a throat that is not quite healthy may be temporarily relieved by various agents, but the qualification that these agents must possess, is that of not doing the least harm while they are giving the singer or speaker a little relief. Such injurious compounds as "Brown Bronchial Troches," etc., composed, among other things, of cubebs or camphor, chlorate of potash and morphine, are sure to produce congestion of the mucous membrane of the fauces and larynx. Eschew every thing that has cubebs or camphor or chlorate of potash in it. Their effects are almost always injurious.

MURIATE OF AMMONIA.

The only agent that I would recommend is a small tablet made of compressed purified muriate of ammonia; this will frequently assist in causing a pleasant flow of faucial secretion, which sometimes relieves a dry sensation in the throat. If the sensation of dryness is continuous, a physician ought to be consulted.

SIPPING WATER WHILE SPEAKING.

It is best not to get in the habit of taking sips of water while speaking. If the speaker feels as though he must moisten his mouth, a teaspoonful of water is just as relieving as a tablespoonful or a half glassful.

THROAT "COMPORTS (?)"

The following is taken from Davis on the voice, and is given to show the peculiarities of some singers in their attempt to give a finishing touch to improve the quality of the voice.

With many who follow the stage, but little judgement is exercise in the selection of "throat helps", as the following quotations prove:

"Southeim takes a pinch of snuff and a glass of lemonaid between acts.

"Niemann sips champagne.

"Tichatcheck washes his throat with mulled closet.

"Ferenczy, the tenor, smokes a few cigars.

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"Braun Brini drinks a glass of beer at the conclusion of the first act; after the second act, a little moistened bread, after the third and fourth acts drinks *cafè* an lait; and when she is going to sing the great duet in fourth act of "The Huguenots," as goddess of the art of song, she demands a bottle of Moet Rose as a libation.

"Cruvelli takes a mixture of claret and champagne.

"Nilson takes a glass of beer.

"Madame Borghi Mamo is lost without a pinch of snuff.

"Malibram used to take supper in her box about half an hour before coming on the stage. She ate mutton cutlets in the costume of Desdemona, and almost invariably washed them down with half a bottle of sauterne. This was generally followed by smoking a cigarette, which was only tossed aside just before her appearance on the stage."

These "fancies" are not recommended. The opinion of most voice-users that I have met, is that those who employed them could sing and speak well in spite of the bad effects of these "congesting" agencies.

The course persued by the following singers and speakers is recommended:

Labatt, the Swedish tenor, is in the habit of eating a couple of salted cucumbers before appearing on the stage. He looked upon this as a strengthing remedy for the voice.

Wachtel, the tenor, takes an egg beaten up with a little sugar. He considers that this softens the voice, and is no doubt very good.

Madame Sontag used to take sardines between acts.

Madame Desparee sooths her throat with plain warm water.

Madame Cabel eats pears.

Adelina Patti prefers a bottle of seltzer water.

Ngaldi has a preferance for plums.

Trevelli Bettini eats strawberries.

One of my patients, a noted star actor, takes a cup of warm coffee with cream and sugar and a warm boiled potatoe with a little salt, between acts.

The following is the experience of an old Amateur of New York City:

"It appears rational to avoid anything before singing that would tend to irritate the throat.

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"Some singers take egg (the yolk) beaten up with powdered sugar—others advocate to eat French prunes."

PROTECTING THE THROAT AFTER SINGING AND SPEAKING.

The *third* question, as to the course to be persued immediately after exercising the voice and while on the way home, is a very important one.

Singers and speakers should not for a moment forget that after they have exercised their vocal cords, these organs are in a partially debilated condition, and therefore more liable to be injuriously affected by even slight exposures to cold. This plainly indicates that extra protection should be placed around the neck, but great care should be taken not to place so much covering there, that even a very slight perspiration will be incited. The throat should have NO MORE PROTECTION than is needed to ward off the injurious effects of cold, as excessive covering would maintain the blood in the larynx, just what is not desired. If the atmosphere is even cool or damp, the mouth must be kept closed, and answers to question should be given through the nose with the mouth shut, in the usual double monotones, for yes and no.

VOCAL DISABILITY.

Temporary hoarseness is usually the result of a cold, or of an excessive use of the voice. Permanent hoarseness is usually the result of a chronic inflammation of the mucous membrane of the pharyngo-nasal cavity.

Medical treatment should be instituted for both kinds of hoarseness. The longer the delay, the more permanent the congestion, and the sequent results.

If the voice is once seriously affected, it will depend on the age and temperment of the patient as to the rapidity of its recovery, and whether it will recover at all.

If a cold has been so severe that it produces marked vocal disability, treatment by domestic remedies, or under the direction of any "kind friend," should NOT be undertaken. A physician should be sent for at once; one who is acquainted with such diseases, as it is a matter of very great importance to drive away a cold at once, if possible.

The patient should do his utmost to resist all tendency to cough; he should suppress it completely if he can; if he is not able to do so, he should hold it in abeyance as much as possible,

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for the more he coughs, the more certainly will the inflammation extend to the vocal cords. He should keep in mind that he may have a severe cough (not one that has lasted a long time) and have vocal disability without the vocal cords being implicated, but he should also remember that coughing will soon induce inflammation of the vocal cords.

Rubbing the neck, plentifully with vaseline, and then wrapping it with a strip of flannel will have a very beneficial result.

Of course, while suffering from a cold, the voice must not be used in singing or speaking exercises; as soon as convalescence has commenced, then gentle exercises may be beneficial. It may be necessary for the patient to speak in a whisper or in a very low tone and to avoid laughing.

On recovering from a cold, the vocal exercises should be progressive, and in accordance with well know rules given by teachers of singing and elocution. The *eight* exercises, given in this chapter by Prof. Jno. R. Scott, are productive of excellent results. I recommend such a course—which I learned from Mr. Scott, when a pupil of his—to all of my patients who have weak chests, that is, whose respiratory expansion was hardly 2 inches, and soon observe great improvement in their lung capacity.

Sometimes a Turkish bath will have an excellent effect on full-fleshed, hearty individuals, but two hours at least should be spent in the cooling room, and it would be well to have the back and neck well rubbed with vaseline, after being dried. Except for young (under twenty-five years), strong persons, the cold douche should not be taken.

TEMPERATURE OF THE STAGE.

Many good voices have been ruined by singing and speaking on a cold stage. An over-heated stage is nearly as injurious.

It is preferable that the temperature of the stage should be PLEASANTLY COOL rather than pleasantly warm. A pleasantly cool temperature in a room where one is walking and is exercising their vocal powers, is about 65° to 70° F.; whereas a pleasantly warm temperature is in the neighborhood of 85° F.

On a stage of the latter temperature, overheating is very apt to occur, whereas with a pleasantly cool stage this is far less liable. Every singer and speaker whose throat is weak, should re-

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member that an over-heating almost always results in a cold being taken.

DIET.

Voice-users should carefully avoid every article of diet that disagrees with them. As a general thing, pie, cake, nuts, salt meat, and highly seasoned food of any kind should be avoided. The voice will be at its best if the stomach is not too full or too empty. The meal before appearing on the stage should be as fluid as possible to be strengthening. Beef-soup or beef-tea is excellent because it furnishes the strength without requiring great activity of the stomach.

SLEEP.

One of the most common violations of the laws of health, is that of remaining up out of bed until 1, 2 and sometimes 3 o'clock in the morning. The nervous system has been heavily taxed by singing or acting or speaking in a theater or lecture room for two and a half to three hours; the whole body is greatly exhausted, and frequently excited. To relieve this condition of the system, unfortunately many resort to stimulants and tobacco, and frequently a heavy, undigestable meal is also taken.

This course is ALWAYS productive of harm to the vocal organs and the system generally.

The relief experienced from stimulants is entirely deceptive. The mucous membrane of the nose, throat and ears are greatly injured thereby, while the imbiber is not relieved in the least, although he seems to experience relief of his weariness; not only this, but the system has an additional burden to remove, namely, the congestion of ALL THE MUCOUS SURFACES.

Much of the exhaustion is due to excitement and the only cure for this condition is SOUND, UNASSISTED SLEEP.

Many times the whole body is in a feverish condition after a night's use of the voice; a refreshing relief, is to have the body sponged off with water and a little bay rum, while lying in bed, undressed. Have the servant apply the sponge under the bed clothes and rub those parts of the body that produces the most relieving sensation, especially up and down the spine.

Rubbing the spine slowly and somewhat strongly has a very grateful effect, and if the remainder of the body has been well cooled, the massage—for so it may very properly be called—of the spine will actually induce sleep.

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Nine hours sleep, is not too much after a night's singing or speaking on the stage. The body recovers much more rapidly during sleep. Do not sleep in an illy ventilated room.

Do not take medicine to induce sleep, unless by the advice of a physician. Many singers and actors do, but they injure themselves, nevertheless.

ARTICLE XXX.

THE SPRAY METHOD. WHAT IT CAN DO FOR CATARRH AND ITS EFFECTS. By HIRAM CHRISTOPHER, A. M., M. D., Prof. of Chemistry in the St. Joseph Medical College, St. Joseph, Mo.

In almost every newspaper there are to been seen advertisments of catarrh cures, all of which, though differing as widely as the poles of the earth are distant from each, are nevertheless infallible cures; and even people, intelligent in other matters, are found putting such faith in them as to give them trial. The trial ends in failure and oftentimes in injury; but these are never advertised as a warning or a caution to other sufferers.

Then again, catarrhal patients apply to their doctors—general practitioners—who suggest some simple remedy in order to be clear of the patient; who, really knowing nothing of the disease nor of the proper method and means of treatment, encourage by their failures trials of advertised remedies; so that between the two, no one is cured, or even much relieved of the troublesome disease; and the report is spread far and wide that no one can cure catarrh. When, therefore, one who knows says that it can be and has been cured, his word is discredited, or persons imagine that their money will go the way of its pre-decessor spent on advertisements, if they give the specialist a trial. And so they end in doing nothing. It is not unfrequently asked, have you ever cured anyone? Can catarrh be cured? Can I be made to hear as well as ever?

Following an illustrious examplar, one who replied to a leading question, "Go, and tell the questioner what you see and

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hear," I submit a few cases, typical of many, to show what has been, and can be, done.

Case I. A little girl 8 years old, of light hair, blue eyes, not robust, of mixed temperament, of a somewhat strumous diathesis, was brought in July, 1883. She had been suffering from nasal catarrh for more than a year, and had been under constant treatment the whole of the time, without any benefit. At the time of her coming, both nasal passages were plugged to the external orifice by hardened secretions. The patient breathed entirely by the month and had been doing so for several months. The throat was but little affected. There was a slight enlargement of the tonsils.

The treatment was begun on the 10th of July and continued to the 17th when the patient went on a visit to Iowa with her mother. At this time she was sleeping with her mouth open. Treatment was again commenced on the 1st of Aug. and continued for four days, renewed again on the 23rd, and thence continued through September daily, and the fall at intervals. She was well in Oct. but it was deemed prudent to keep up the treatment at intervals. There was a steady improvement from the beginning. No return at this date, Aug. '85.

Case II. Another little girl, age 6, about the same time, who presented an opposite case. Here there was profuse discharge from the nose of muco-purulent matter, with some impairment of hearing in the left ear. The patient was slight and delicate in form, brown eyes and brown hair. The throat but slightly involved: slight enlargement of the tonsils. The treatment was continued, daily at first and then at intervals, for three weeks, when she was dismissed well. There was no return until this spring, when a few treatments relieved her fully.

Case III. A young man, a farmer, about 30. Had been suffering from nasal catarrh for over a year. The discharge was somewhat copious and offensive. Throat considerably inflamed, but this soon disappeared under general and local treatment. In this case, vaseline and resorcin were used, 6 grains of the latter to one ounce in volume of the former. The treatment was begun on the 20th of Sept. and continued daily through the month, and at intervals during the fall, and terminated on the first of Jan. following. In this case the resorcin removed all odor in a few treatments, and has been used in like cases since with like excellent results. This party continued sound un il

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within the last month—July, '85—when, after a few treatments, he was again relieved, expressing himself as perfectly satisfied that the spray method does cure.

Case IV. A case of pharyngo nasal catarrh attended by deafness in the right ear. A young lady, about 26, stoutly built, blue eyes and brown hair, and of fair complexion, when in health. Had scarlet fever in childhood, which was followed by slight deafness and frequent ear-aches in the left ear. Heard well in the right, but became suddenly deaf in this ear some four years ago. Found herself deaf on rising in the morning. Thinks she has had catarrh from childhood, the discharges being generally copious and free. Had been treated for the deafness in Montana by Politzer's method only, without benefit. Had at the time of applying a slight discharge from right meatus. She could not hear ordinary conversation, nor the organ in her church. Watch heard only on contact. Her general condition was bilious, but otherwise fair health. This condition was soon relieved by daily doses of the mercurous chloride in 1 gr. pill doses. The pharyngo-nasal inflammation was treated by the usual spray-method, and the eustachian tubes opened by inflation by Politzer's method. The treatment was begun May 2nd, '84 and continued daily and at intervals until September, when she could hear ordinary conversation while walking with friends on the street, and at home. She was treated once this month—Aug., '85—because of fresh cold. She continues to hear well.

Case V. A young lady, aged 19. Deaf in both ears, watch heard only on contact. General health fair. Has been deaf for some six years. Has pharyngo-nasal catarrh, not profuse nor obstructive to respiration through the nasal passages. Treated daily for three weeks and then on alternate days for a week. Lives in an adjoining county, and left for home at the end of a month, hearing distinctly the bubbling in the spray-bulb when cooling the vaseline two feet distant and ordinary conversation in the sitting room. This case will require treatment in the fall, because of its long duration.

These cases, a few out of many, are sufficient to show what hope may be entertained by those afflicted in this way. The good heart rejoices that such sufferings can be relieved.

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Article XXXI.

Cholera and Chicago Sanitation. By Romaine J. Curtiss, of Joliet, Ill. Professor of Hygiene, College of Physicians and Surgeons, Chicago, Ill.

Chicago is still in the depths of sanitary barbarism. This proposition is justified by the fact that the city empties a part, at least, of its sewage into its water supply. A free translation of this proposition is that the people of Chicago drink their own excrement. Nobody knows this fact better than the Chicago people, but they appear to take consolation in denying that they can taste putrefying sewage when they swallow it, and can't smell the gas from the Chicago river when it rises in banks solid enough to cut with a spade. To be sure the Chicago people, including their health commissioners, editors of papers, certain politicians, etc., etc., indulge in disputes among themselves about the pollution of the water supply; and lately the authorities have had an analysis made of specimens of water taken from the "crib;" the source of supply in the lake, and also from certain faucets in certain buildings. This analysis has verified that the water is as pure as the paradasaical river of life flowing through the heavens of all religions, and nations.

The "true inwardness" of this analysis can be understood when it is appreciated that the pollution depends upon the wind, and is not a constant quantity. When the wind is North the sewage content does not reach the "crib," but when the summer breezes blow from the southwest, the crib, and a mile or two of lake beyond it, is submerged in sewage.

A pretty fair index of the weather is found by the various phazes of Chicago controversy about the purity of the water, as published in the papers. When leading articles, in the leading newspapers, quote the fatality of cholera in Spain, and advise people to always boil water before using it, then the reader may know that the wind is south-west in Chicago, and that the writers regard the impending cholera microbe with some apprehension. When, however, the leading papers publish an analy-

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sis of the water, and then blow the bugle about Chicago's advantages as a summer resort, the reader may know that the breeze from the North has driven the dirty water away from the crib, and the water supply is fit to drink.

People who drink their own sewage are always to be pitied. It is one the saddest of all social phenomena when a free citizen, of a free country, is so situated that his cup of cold water, even if it is a charitable cup, is tainted with the giver's excrement. Such charity is scarcely commendable, and such sanitation is certainly abominable, yet this is the cup that Chicago gives away or charges a price for.

It has long been known that lunatics will smear themselves with their own excrementitious material and eat it, but nothing but political sanitation can compel a whole city to settle down to a daily custom of drinking sewage, and covering itself with the odor and smoke of sewer gas.

But these things could all be designated as nobody's business, outside of Chicago, if it were not for the fact that another feature of the disposal of Chicago sewage is of such a character that it is the business of other people. A large proportion of Chicago sewage flows in a narrow canal and small river through one-third of the state, and is a most terrible nuisance all the way from Chicago to Peru, on the Illinois river. It oxidizes and putrefies all the way. But this nuisance is not a constant quantity either. It varies at different times, owing to a single fact. When the Desplaines river is raised by rains it flows into the canal and the South branch of Chicago river, and prevents the working of the pumps, located at Bridgeport, the office, design, and diabolical effect of which are to pump sewage into the Illinois river by way of the Illinois and Michigan canal. When the people of Chicago appoint citizens sanitary committees who visit the "south branch" and report it in a slightly unsanitary condition, and advise that a dam be built to cut off the flow of the Desplaines river into the branch, then the reader of these reports may know that the rains have "fallen on the just and unjust alike" (Chicago and the Valley of the Desplaines) and the South branch in consequence has become a seething cess-pool; while the people who live along the Ill. and Mich. canal are simultaneously enjoying a breathing spell of pure air between the stinks from Chicago.

The ambition of Chicago is to pump all of its sewage into the

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Ill. river. The great difficulty appears to be that the canal is not large enough. It is not large enough to carry more than half the sewage supply, to say nothing of being large enough to carry all the sewage and "abate it as a nuisance." If the canal were twice or three times as large it might carry all the sewage, but if it did the fact would not abate the sewage nuisance in the canal. The canal was enlarged once for this purpose, then lake water was turned in, then pumps were built to pump "lake water" in, and each of these epochs—enlargement, lake water flow, and lake water pump—was marked by an increase of the nuisance upon the people along the canal.

Different people have put forth many theories on this subject. When the canal was enlarged, the projectors theorized that this would purify the sewage in the canal. When the lake water was turned in, they said lake fish and gulf fish would miscegenate in the pure waters of the canal. When the Bridgeport pumps were built this same old "fish story" was the cry; and now the great sanitary desire of the short-sighted politico-sanitarians of the city is to get some more enlargement of the canal.

The method of Chicago sewage disposal creates the largest cess-pool on earth. Lake Michigan, as far as the crib, the Chicago river, the Desplaines river, the Illinois and Michigan canal, and Illinois river are the waters which are thus polluted, and which form the cess-pool. The nuisance includes in its influence nearly half the population of the state, for the sewage is a nuisance to all of Chicago, and one third of the state outside, whose counties border on, or are traversed by the sewage stream.

The local and state health officers have performed this work of sanitary barbarism by reason of ignorance. Of course they call it economy. Their ignorance is expressed by certain axioms, which have guided them, which are as follows: "Running water purifies itself of sewage." "Pumping sewage aids its oxidation." "Dilution of sewage prevents the nuisance of its putrefaction."

These axioms cannot be denied, but it must be admitted that this self-purification of running water is just what causes the danger to life from putrefying sewage. While sewage putrefies in the air, ground, or water, in a position where it can receive disease contagion and disseminate it among the people, then this self-purification causes all the sanitary evil that can be caused by sewage. The object of sanitation is to prevent the

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putrefaction of sewage in the water, air, or ground in any place or position where this process can expose the health of people. Hygiene has never settled the question why a decaying cabbage or ash heap, lying on the ground, is so dangerous to life, while a ton of sewage in a little water, with the same relations to the health of the public is safe. Of course the ton of sewage will oxidize in the water, and the water will purify itself, but why will the decaying cabbage not oxidize in the air just as effectually? The State Board of Health has instituted a system of house to house inspection, the object of which is to discover garbage which may be putrefying in the air, which it contaminates, and removing the garbage to a point where it can decay just the same but may pollute both the air and water supply. There is a great show of sanitation in all this "wordship of Baal," which pleases the public, and eats up the appropriations. This method of sanitation and no "sanitation" represents the same difference that is seen between "tweedle dum and tweedle dee." Our State Board of Health has not yet explained why the air can not purify itself of decaying refuse just as well as water, and why one process of self purification is not just as certain of success and as certain to be dangerous as the other. The office of the State Board appears to be to take putrefying sewage from under the noses of one community and put it under the nose of some other community with the result of making a nuisance for both communities; and this operation is dignified by the name of "State Medicine," and the printed report is actually published at the expense of the State.

It is a long distance from this method of sanitation to the sanitary conception of this subject, which is expressed by the axiom that the proper disposal of all dead matter must be such that its putrefaction is prevented, either on the ground or in the water supply which people drink, or the air supply which they breathe. Our "health officers" have not reached this conception; but their published reports show that they still believe the old fallacy, and that a little more dilution will do the work. I need not refer to these publications in detail, and will say that as medical and sanitary literature they excel as works of fiction, only. There is quite an epidemic among doctors of writing fiction. Dr. Hammond has written a dozen or more novels and novelettes, and says he would rather excel as a novel writer than enjoy the fame of the conqueror of Quebec or the author of Gray's Elegy. The man who has a discerning mind, on reading the official sanitary

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literature of Illinois, will conclude that the professional epidemic of novel writing has reached high places in Illinois.

But this matter will no doubt work itself clear, sometime, in the minds of the officials—just as running water purifies itself. When demagogueism is dead then, perhaps, Chicago will put in pipe interception sewers, to carry the sewage; leaving the old gas machines, now used for this purpose, to carry storm water. These pipes, by aid of steam force, as in the Berlier or Shone system, should carry the sewage out on tiled land—a sewage farm of a thousand acres or more. The effluent water, drained by tiles, could be carried off by the Desplaines, without a nuisance. Of course the present generation will never see such a sanitary disposal of Chicago sewage as this would be. There are too many conflicting interests. Sanitarians in the city and state nurse this condition of things, as a certain old lady did her wrath. The mills along the canal and river want water power which would be less if the sewage and canal pumps were taken away. The sanitary method of disposing of the sewage would not interfere with this interest, however, so much as feared, for the effluent water would keep up the supply, for water power.

The cholera relations of Chicago sewage are such that no comment is needed. The cholera germ when it reaches Chicago will enter the bowels of Smith, and passing through, Smith will go to his reward, where he can't smell sewer gas (said to be the heaven, as understood by Chicago theologians). Then the microbe will enter the Chicago river, through one of those sewers, and passing out to the crib will come back to the city through the water pipes and seeking out the domicil of Jones, because "death loves a shining mark," will toy with the bowels of the Jones family to the tune of a "mysterious dispensation of Providence." By this time the city will take the alarm, the health officers and newspapers will resume the chant of "boil the water," and the chant will haunt the people as the political refrain: "Burn this letter" haunted the last political campaign.

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Clinical Reports from Private Practice.

Article XXXII.

Tracheotomy to Relieve Threatened Suffocation from Disease of the Larynx and Trachea. By Waldo Briggs, M. D., of St. Louis, Mo.

On July 9th, I was called in consultation with Dr. Charles Remme to determine the advisability of an operation of laryngotomy or tracheotomy to relieve impending suffocation in a case of suspected tubercular disease of the larynx.

The patient was a Mrs. Buettner, aged 45, slightly built, weighing probably less than 100 lbs, and the mother of nine children (all living, but three of whom show evidences of a strumous diathesis). The previous history of the case is about as follows:

Some three years ago, being afflicted with a cough accompanied by a slight aphonia, she consulted Dr. Remme, who, on examination, found a semi-stridulous repiration accompanied by a thin muco-purulent expectoration. Under local and constitutional treatment the symptoms were somewhat ameliorated, the improvement was so slight and tardy that the patient became dissatisfied and concluded to consult other physicians. This she did, but after three years of ineffectual search for restoration to health at the hands of several eminent local practitioners she returned to her first physician, Dr. Remme, and again placed herself in his hands. At this time her condition was very critical and alarming and it was then that I was first brought into the case. I found the patient in the following condition: urgent dispnœa, the voice quite gone, suffocation iminent, and all the symptoms aggravated by an almost incessant coughing or attempt at coughing and expectoration. From the continuous nature of her suffering the patient was very much emaciated, having been reduced from a plump healthy woman to a weight less than 100 lbs. Owing to the disease in the upper portion of the air passages the sounds obtained through the stethoscope were so confused that

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it was at that time impossible to get a correct idea of the actual state of the lungs and lower respiratory tubes. For a year past the patient had been unable to assume a horizontal position.

At the request of the patient and relatives Doctors Carpenter and Atwood were joined with us in consultation and a laryngeal examination was made. It revealed a general thickening of the surrounding tissues and of the vocal cords, and while there was no distinct ulceration of the larynx discernable we found on the left tonsil an ulcer about the size of a dime. The patient complained of no pain except at a point situated about an inch above the bifurcation of the bronchii.

The patient was informed that her only hope for relief, or indeed for a much longer lease on life lay in immediate operation, to which she readily assented.

On the afternoon of July 11th, at 3 o'clock, with the assistance of Doctors Remme, Atwood, Carpenter and A. C. Robinson I proceeded to operate. The patient was chloroformed and an incision was made from the cricoid to the sternum. The trachea was opened about an inch above the bifurcation, as we fully expected that the disease had extended that far down the tube. Owing to the fact that the trachea lay unusually deep on the insertion of the tube it was found that it did not reach far enough, and threatened to slip out at each inspiration. It was therefore removed and the wound kept open by a piece of wire until a tube of proper length could be made.

The patient rallied from the effect of the anæsthetic finely her breathing being perfectly free. After a hypodermic injection of brandy we left to return at 9 P. M., or 5½ hours later. We found her very comfortable but the temperature was at 105°, the elevation owing, no doubt, to shock. At this hour we inserted a tube of proper length and gave a hypodermic injection of morphia, instructing the attendants to keep a sponge over the tube to relieve and keep down the tendency to spasmodic cough.

The next morning the temperature was 100°, pulse 80, and the patient declared herself feeling a great deal better and very much relieved. On the third day the temperature was 101° and pulse 84.

On the fourth day, the tube becoming loosened, we removed the tube, cleaned it with a sublimate solution (1:2000) and replaced it. On that night from some cause as yet unexplained the temperature rose to 105°, though the patient seemed other-

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wise to be improved in every way. She complained of no pain or uneasiness. This sudden and great rise was possibly due to secondary shock and was not permanent, for on the fifth day we found that the temperature had receeded to 101° and the patient was sitting up. Her appetite was fair, her respiration good and there was every indication that she would rapidly recover from the effects of the operation.

I am happy to say that these indications have been carried out and that the improvement has been continuous though gradual and somewhat tardy. The patient is about, attending to her household duties; she sleeps well and complains of no irritation from the tube. The trouble in the larynx which necessitated the operation has disappeared as the patient breaths freely when the tube is closed.

As to the correctness of the diagnosis there is now but little room to doubt the existence of tubercular disease, as since the removal of the complicating sounds in the upper air passages, auscultation with the stethoscope reveals evidences of pulmonary invasion. There is some cough and a free expectoration of a thick tenacious matter, and while general appearances now point to a temporary amelioration of her condition the ultimate result must be disintegration of lung tissue and death.

ARTICLE XXXIII.

TREATMENT OF A CASE OF HEMIPLEGIA BY THE EARLY USE OF STRYCHNIA AND ACTIVE EXERCISE. By E. BENKENDORF, M. D., St. Louis, Mo.

A gentleman, 57 years of age, was struck with hemiplegia, July 18th, 1884, when having left his store on Ohio street and going to visit friends in the northern suburbs of St. Louis. He arrived there in good health and answered the usual inquiry, "How is your health?" by saying that he had never felt better, a few minutes afterwards he fell from his chair motionless and unconscious.

He is a temperate man, always is ordinarily good health, only being sometimes subject to dyspepsia. He had had rheumatism

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8 years ago but recovered without incurring any heart-affection.

On examination next day, when I was called to see him, I found his entire left side, including the left side of his tongue, paralysed and a complete anæsthesia of the parts. They felt very cold to the touch. The patient's intellect had so far recovered from the shock of the day previous that he could tell how much he suffered of headache and asked for brandy, and that he felt tired but could not sleep.

TREATMENT. Benzoate of ammonia internally, a rubber bag filled with hot water was applied to the occiput and back of neck. Clothes wrung out in hot water and moistened with tincture of belladonna were applied to the forehead. Brandy was given moderately.

Felt better next day but had not slept. Abundant diuresis and conscious of the calls for urinating. From the bowels several watery and fœtid discharges. Neither the temperature nor feeling of the left side in the least improved. On the 3rd day quinine was added to the benzoate of ammonia, and croton chloral in five grain doses every three hours. On the 5th day he commenced to doze, had no more watery discharges from the bowels but other symptoms the same. Leeches, which were applied on the 4th day, had aggravated the headache. On the 6th day the head commenced to feel better. The patient slept at intervals sufficiently long and awoke of himself in a conscious condition. On the 7th day the disturbing activity secondarily engendered by the pathological condition appeared on the decrease and $\frac{1}{80}$ grain of strychnia was given three times a day. Warmth but no sensation became somewhat perceptible. Had the parts rubbed with warm cloths.

On the first day of August daily applications of galvanism were made to the sympathetics and the paralyzed muscles. The result was satisfactory. Warmth in the affected parts increased. By the first of Septemder the patient could bring his left leg to his right and did so to receive warmth from the right. The galvanization imparted feeling that now became somewhat painful, the anæsthesia became a hyperæsthesia when undergoing the galvanization, at one time it caused such suddeness of pain that the patient made a complete turn in the bed for his escape. The warmth of the parts kept increasing and perspiration took place in them. After he made the turn in bed motion increased from day to day. Strychnia and galvanism were continued, and pas-

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sive motion was commenced. An assistant took hold of the patient's hands and raised him to a sitting position. In a few days the patient made personal efforts and helped himself when this exercise was given him. It soon became a partially active exercise and within a week the patient could sit on the side of the bed, letting his feet rest on the carpet. He was then made to put his hands on my shoulders and this enabled him to rise and maintain a momentary standing position. He learned to make a few steps forward and backward whilst resting his hands on my shoulders. His speech also improved and his tongue was straighter when protruded. His grip got stronger but he could hold nothing in his left hand in spite of his good grip. He could not raise his arm but could raise the shoulder and was weaker in the muscles of the back than those of the leg.

In October I had a rope securely stretched across the room and about four inches higher than the patient's shoulders. By means of holding on to this rope he was made to practice walking. This exercise proved useful. The turning round or changing position from right to left was difficult. To improve it I had a trapeze suspended from the ceiling and the patient taking hold of the bar, which was above his head, had a better chance to practice sideward and turning motions.

In November, 1884, great local and general improvement. The patient had also venereal desires, greater than he had ever experienced. They were favorable signs—proofs of innervation of the whole system and not of pathological irritation. This so proved. The patient had regained his power of motion. The only difficulty yet experienced was that he was ready to fall when he spoke or got too sensible of the pleasure his movements gave him. This great consciousness of himself was enough to deprive him of muscular controll. He could not furnish will-power to his thoughts and to his muscles at the same time. A confusion like this between mental and muscular activity and a cessation of muscular power to obey a purpose is, as we know, found also with people that are not paralized. Stammering is one of the instances.

As a remedial measure I had the patient undergo a sort of a military drill. The attention was rivited to words of command; he had to move in unison with the words called out as, "left foot! right foot! stand! turn!" and so forth. It was particularly insisted upon not to make another step unless he was perfectly

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conscious of the one before. He soon became his own commander, calling out loud the steps intended by him. This produced freedom of motion and removed that confusion which had made it impossible for him to keep his will directed at one and the same time on perception and bodily motion.

By the 1st of December, 1884, the patient was master of his own movements. He could walk up and down the stairs of his house and took daily rides in the street cars. Since spring, 1885, he has attended to his business in the city.

From time to time he consults me for his dyspepsia which yields to quinine and hyoscyamus. Sometimes, especially when the weather is changeable, his spirits are depressed, which calls for arsenic, valeria and bromo-caffeine.

ARTICLE XXXIV.

ARGYRIA. BY T. HODGE JONES, M. D. of Kansas City, Mo.

John T. White, aged fifty-seven years, whom I met on the street Aug. 16th, 1884, furnishes the subject of this report. He resides at Westport, in Jackon County, Mo., is paralytic in the right arm, which is less than its fellow and swings aimlessly at his side. His hair and beard are mixed brown and gray. The color of his skin and sclerotica is deep leaden or almost black. His intellect is somewhat impaired and his voice and movements are unsteady, but strong. He was subject, when young, to epileptic paroxysms, for which his physician prescribed Nitrate of Silver. He thinks he took the remedy for nearly ten years, and when about fifteen years old was entirely relieved of the epilepsy. The argyria is very marked and examination showed white places at the site of wounds and sores that have occurred since his discoloration; the cicatrices are covered with skin of a normally white appearance. These patches suggested the practicability of successful restoration of the color over the face and hands by means of grafts of white skin from another person. I think if a patient is young and of good intellect, the attempt is justifiable.

Theoretically I would administer the Chloride of Sodium or Carbonate of Ammonium internally, and expect to see a benefit in course of a long time. Mr. White is a curiosity and could easily make a good living, by exhibiting himself for a price. His is a case worthy of careful study by any physician, and I report it because it is rarely one sees a case in which the macula argentia is so marked.

815 Main Street.

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Article XXXV.

Editorial Department.

Frank M. Rumbold, M. D., Editor and Proprietor.
COLLABORATORS:
H. Christopher, A. M., M. D., Medical Subjects.
Frank L. James, Ph. D., M. D., Translations and Microscopy.
A. H. Ohmann-Dumesnil, A. M., M. D., Translations and Dermatology and Syphilis.
J. C. Mulhall, M. D. Diseases of the Respiratory Organs.

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CREDIT.--*Phila. Med. & Surg. Jour.*

One of the best journals that comes to our exchange table, if it is not the very best, is the Philadelphia *Med. & Surg. Reporter.* Its original communications are always of a high grade, its editorials learned and practical, its selections judiciously chosen and well edited–in a word, it is a model journal. We therefore always feel gratified when we find a clipping that should be accredited to the St. Louis Medical and Surgical Journal assigned to the *Med. & Surg. Reporter*, and vice versa. But we should feel more gratified if our exchanges would be a little more careful in their credits and "render to Cæsar the things that are his'n" in each instance.

HOME MEDICAL EDUCATION.

The advantage of a medical education derived from a home medical college are too well known to need explanation. A student in the west should graduate first from a representative western medical college, then, if he desires, he can profitably

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continue his studies in some of the European medical centers. He is to locate, in all probabilities, in some western town, will be thrown with western doctors and will have to treat diseases peculiar to the west.

The hospitals, while not as large as those of the east, furnish all the material for observation and work that the student is able to digest. The professors of the colleges are all representative western men.

The St. Louis Medical College founded in 1841, was one of the first colleges to require a three-year course and, unlike some of the eastern ones, it has successfully labored for the higher education of its students. The worth and standing of its graduates attest its proficiency. The City Hospital, St. Louis Mullamphy Hospital and Alexian Brother's Hospital furnish its students ample opportunity to study cases in the wards, while its free dispensary treats daily, on the average, of over one-hundred patients.

Its histological laboratory has been considerably enlarged and improved.

The Missouri Medical College, founded in 1840, has steadily improved. This year a new Physiological and Histological Laboratory has been added, where all of the latest experiments and theories will be tested and explained.

The college has a large dispensery attached for out-door patients and is situated next to St. John Hospital, from which institution it draws plenty of clinical material. Its students also have access to the City Hospitals.

It is a noteworthy fact that in both of these colleges the younger members of the faculty and corps of lecturers are rapidly stepping to the front and are showing an energy that is bound to carry the colleges to the front as representative medical colleges of the United States.

We would urge all practitioners in the states surrounding St. Louis to send their students to western colleges and to St. Louis as the centre of learning in the west.

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PROGRESSIVE LOCOMOTOR ATAXIA AND SYPHILIS.

The relations of progressive locomotor ataxia and syphilis have of late attracted a great deal of attention and the subject has been extensively discussed, more particularly in Continental Europe. There are not wanting partisans maintaining, on the one hand, that Duchenne's disease is always caused by syphilis; whilst, on the other hand, are others equally eager to support the view that syphilis plays no part in the genesis of ataxia. That the question is a very important one admits of no doubt and it is interesting not only from a pathological standpoint but in what is far more important to the patient—from a therapeutic point of view. In the *Prog. Méd.* of Aug. 29th, 1885, Belugon contributes a very interesting and instructive article on this subject. He is not inclined to accept Fournier's categorical assertion that, in the majority of cases, tabes owes its origin to syphilis. Taking statistics in hand he finds that whilst Fournier observed 24 syphilitics in 30 cases of tabes, Siredey 8 in 10, Féréol 5 in 11, Rumpf 60 in 150; Topinard has only found 15 in 171, Hammond 1 in 10, Westphal 14 in 100 and lately Oppenheim declared that in 86 cases 50 were entirely free from syphilitic taint and in ten only was positive evidence found of its presence. The author found but 10 syphilitics in 32 cases, but he still contends that this is no proof that the tabes was *caused* by the syphilis.

He further states that in those cases besides syphilis there existed other etiological conditions capable of producing the symptoms of tabes even had syphilis been entirely absent. So that the condition seems rather to stand in the relation of coincidence than that of cause and effect. Still the work of Fournier, even if it does not conclusively prove that syphilis and tabes stand to each other as cause and effect, has called attention to the importance of the diathesis as an etiological factor. So that it may be legitimately concluded that: Syphilis rarely creates progressive locomotor ataxia; but it often places the

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patient in a condition favorable to the development of this disease. On the other hand, it may, by the lesions it produces in the nervous centers, give rise to symptomatic locomotor ataxia, and it is in these latter that the mixed treatment has given such good results.

A. H. O-D.

THE PAPAL INTERDICT OF CRANIOTOMY.

An editorial which appeared in this JOURNAL some three months ago and which mentioned the fact that the Roman Inquisition had placed an authoritative interdiction upon the operation of craniotomy, has attracted wide-spred attention from journals and societies, and some doubt has been cast upon the authenticity of our information. The following is the text of the letter from the Reverend Cardinal Monaco to the Archbishop of Lyons, as translated from *La Perseveranza* and published in the *Nat. Druggist*, of this city, on the 25th of February last.

"To the Archbishop of Lyons:

"Most eminent and reverend lord: The most eminent, the Inquisitors General, in congregation assembled, on the 28th day of the present month of May (1884) took under consideration the question propounded by your eminence, to wit: 'Whether in Catholic Schools (of Medicine) the operation known as craniotomy may be taught, and that is to say under the following conditions, *scilicet*: When this operation is omitted both mother and child must perish, but with the operation the mother's life may be saved, the infant alone perishing.' Having thought long and earnestly upon the subject and having read those things which have been written thereon by learned Catholic men (which were forwarded to the *Cong. del Santo Uffizio*, by your eminence) we must answer your eminence that this thing cannot safely be taught (tuto doceri non posset); which response having been submitted by the Congregazione to the holy father and by him confirmed, I herewith transmit to your

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eminence. Kissing your hands most humbly I am your most dutiful and obediant servent.

(signed.) Revd. Cardinal Monaco."

The text of this interdict will also be found in the *Gaz. deg. Osp.* for Feb. 1st, 1885.

It will be perceived that the Church, through its highest mouthpiece, the secretary of the Congregation of the Holy Office, otherwise known as the Holy Roman Inquisition, has plainly declared by this decree, that under the circumstances mentioned both mother and child must die. The woman may be the most gifted of beings, one whose life means untold happiness to husband and friends; she may be the mother of other little children requiring her maternal care, and the unborn child may be a misshapen monster, an idiot,—nay, it may be already fatally injured by the expulsive force of nature trying to drive it through a non-viable way, yet the Church declares its life of equal importance to that of its mother, and, because it cannot be saved, the mother must be allowed to perish in horrible torture. However much this decision may be in keeping with the mediæval ideas of Divine Justice and Mercy held by the celibate monastics composing the Holy Inquisition, as illustrated by the anto da fe, when it is viewed by the benign light of modern medical science it is simply atrocious. It says in effect that God, being the author of life, is the sole arbiter of it; that He created the child non-viable, and that if He does not choose to work a miracle and save mother or child, or both, man must stand by and witness the sufferings of His victims, nor raise a hand to help them! At the thought of such a God the words of the heathen philosopher Epicurus intuitively come, into the memory. "Non deos vulgi negare profanum, sed opinionem vulgi Deo applicare profanum" —or freely rendered into English, blasphemy does not consist in denying the gods of people, but in believing God to be the creature imagined by them. We do not believe that there is a catholic physician in America who, if he stood by the bedside of his own wife or sister under the circumstances contemplated in

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the letter of the Cardinal Monaco, would not dare the anathemas of the church freely and willingly, to save the life of the beloved woman.

F. L. J.

INORGANIC CRYSTALS ADHERENT TO THE ORGANS AFTER DEATH.

About two years ago, Dr. Frank M. Rumbold obtained from a fresh cadaver in the dissecting room of the St. Louis Medical College a portion of a liver and diaphragm. He brought the specimens to Dr. Frank L. James for microscopical examination and while the latter was preparing them for hardening he was surprised to discover minute, very sharp crystals of an unknown nature embedded in the surface of both organs.

An examination with a pocket magnifier, giving about 8 diameters, developed the fact that while these crystals were evenly distributed over the entire surface of both liver and diaphragm, they were much more numerous at certain points than at others, and that occasionally the crystals were large enough to be seen very plainly with the unaided eye. Two of them were especially large and measured over an eighth of an inch in length, the greater part of which, however, was embedded in the tissue. They were quite sharp and under the loupe resembled nothing so much as fragments of unannealed glass, broken under the effects of heat. Carefully picking out some of the larger crystals and placing them in a watch glass, Dr. James found that they were insoluble in alcohol, chloroform, benzol or water. Not having the time for a further examination at the moment, he put the material into alcohol for hardening and addressed a note to Dr. Rumbold asking him if the material had been laid down upon a surface sprinkled with ground glass, and, if not, to enquire at the hospital and learn the nature of the disease with which the subject had died. Although the surface of the diaphragm did not present any signs of intense inflammation, Dr. James, in the absence of any other explanation, thought it

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was barely possible that the patient might have been poisoned with ground glass and that the particles having worked their way through the walls of the stomach had become mechanically fixed in the surface of the surrounding tissues and organs.

To the first question Dr. Rumbold returned a negative answer. He had removed the specimens from the cadaver himself, and had brought them straight to Dr. James. The answer to the second question is not remembered, but it was of a nature to preclude the possibility of the ground glass theory. In the meantime the cadaver had deen buried or removed and there was no opportunity to examine it to see if the crystals were found elsewhere than on the liver and diaphragm.

The matter excited the curiosity of Dr. James, but being quite busy at the time he did not recur to the subject for several months. Then, on section of the now-hardened material, he found that the crystals were present only on the surface of the organs in question but that, as stated before, they were quite deeply and firmly emplanted in this. Obtaining a number of the larger crystals by patiently picking them out of the diaphragm, where they were most easily seen and most plentiful, he succeeded by chemical analysis in determining the fact they consisted almost entirely of ammonio-magnesian phosphate—the socalled triple phosphate $\cdot PO_4 Mg(NH_4)+6(H_2O)$. There was also a trace of lime.

This result was a surprise and he went to work to investigate the literature at his command, but it furnished him no parallel case and he found nothing in current literature on the subject until very recently. A few days ago, however, he found in the *Annali Universali di Medicina* under the caption *Cristali inorganici nella putrefazione* a note from Prosessor Tamassia of which he sends us the following translation in abstract. It bears directly upon the case in question.

"Auerbach, of Cologne, published in the *Vier'ft. fuer Ger. Med.*, in Jan., 1884, a report upon the judicial examination of the bodies of two children, one of whom was exhumed 110 days and

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the other 134 days after burial, and both of whom presented in the contents of the stomach and intestines and outside of these organs, notably upon the diaphragm, a remarkable quantity of crystals of ammonio-magnesian phosphate. Note was made at the time that shortly before the death of these children carbonate of magnesia had been administered to them, and it was assumed by the author that this fact accounted for the appearance of the crystals.

"The discoveries of Professor Tamassia made since this publication have demonstrated beyond a doubt that this conclusion was erroneous and that in the case referred to the crystals were probably the exclusive product of putrefaction. The author in question, (Tamassia) having exhumed a cadaver that had been buried 22 months, observed near certain lesions of the cranium and dura mater, a number of greyish white, semi-transparent, angular granules which were very abundant at the bottom and sides of the osseous rim produced by traumatism. These crystals extended over a large superficies of the dura mater and had attached themselves to the connective tissue along the superior longitudinal sulcus. A lens showed them to be prismatic and monoclinic, and chemical tests determined them to be ammonio-magnesian phosphate, with a trace of lime. The author believes them to be the direct chemical product of the putrefactive process, acting upon the tissues. He calls attention to the significance of the discovery and suggests in view of the relative frequency of its occurrence, that the phenomenon may become one of great importance in toxicological inquiry."

In view of the fact that in the case investigated by Dr. James the specimens were removed shortly after death and that the putrefactive process had scarcely begun, it would seem that the theory of Professor Tamassia is hardly tenable in this instance, Unfortunately nothing is known about the treatment of the case which furnished the material investigated; the surface of the other organs, so far as examined, were free from the crystals. The piece of diaphragm examined was four or five inches long

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by three inches broad, and every part of it contained the crysals. As stated, they were much larger and more numerous at certain points than at others, the same being true of their distribution on the surface of the fragments of the liver. Attention having now been called to the subject we shall, no doubt, soon know more of the conditions under which the phenomenon makes its appearance.

Since the foregoing was written Dr. James informs us that he has discovered crystals, though very few, embedded in the liver and within a small blood-vessel.

ARTICLE XXXVI.

Medical Progress.

THERAPEUTIC NOTES.

NEW APPLICATION FOR ECZEMA.—Hidal gives the following as a most reliable and satisfactory application in the treatment of eczema (in the *Boll. di chimica e farmacia di Roma*). *Acqua di St. Luca* (a 5 *per cent.* solution of chloride of zinc), 30 parts; boracic acid, 1 part; ammonia water, sufficient to neutralize the chloride of zinc solution, and distilled water sufficient to make 1,000 parts. To be applied daily or oftener.—*Nat. Drug.*

PILOCARPINE POMADE, FOR BALDNESS.—Those who wish to try the virtues of pilocarpine as a preventative of baldness are recommended by M. Vigier to try a pomade consisting of 1 part of the alkaloid in 200 parts of petrobaselin, the new colorless, inodorous fluid substitute for vaseline. Use instead of other dressings for the hair, to which it is said to give a glossiness that is unattainable by any other article of the sort.

CARBOLIZED SPRAY FOR BURNS.—M. Verneuil suggests a spray containing from 1 to 2 *per cent* of carbolic acid as a most grateful application to large superficial burns, scalds, erisypelas,

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etc. The spray should be delivered from a steam atomizer placed far enough off to allow it to cool before striking the person, and should be applied from one to two hours at a time, several times a day or even continuously. It is antiseptic and analgesic, and its latter properties may be very largely increased by the addition of a small amount of cocaine to the spraying fluid.

TREATMENT OF FURUNCULOSIS.—Gingeot's treatment of boils, whether they come singly or multiple, as in general furunculosis, is according to the *Bul, gen. de Therap.*, as follows: As soon as a boil begins to show itself he applies to the affected spot a small wad of absorbent cotton saturated with camphorated alcohol (tinctura camphoræ), or he causes it to be painted with tincture of iodine, the same to be repeated frequently. This procedure generally dries up the threatened furuncle in the course of a few hours. The treatment of general furunculosis, when boils appear all over the body and in successive crops, is simply a modification of this idea. The body should be bathed in boracic acid baths or baths of sulphurous acid, or in some instances sponged with a solution of corrosive sublimate. The external treatment must in such cases be supplemented with internal medication. Tar water is successful sometimes, but the author gives the preference to preparations of sulphur, in high doses.

The formula found most valuable by the author is given as follows: Take equal parts of the sulphide, bicarbonate and sulphate of sodium, of the sulphide of potassium, tartaric acid, and gum arabic, all in fine powder; mix thoroughly and divide into doses of 8 grains each. One of these powders, dissolved in half a wine glassful of water or milk, should be taken from three to eight times a day, according to the severity of the case.

QUILLAYA BARK, AS AN EXPECTORANT.—Robert says that while there is no room to doubt the great virtue of senega as an expectorant, its unpleasant taste is a frequent cause of nausea and vomiting in patients with a sensitive stomach. The value of the drug in this direction is due entirely to the presence therein of two glucosides, which are also found in five times greater quantity in the cheaper and pleasanter tasting quillaya bark. He is therefore in favor of discarding the badly tasting senega and substituting quillaya therefor, since clinical experi-

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ence has borne out his rational conclusions. He suggests that the quillaya be exhibited in decoction, the dose for an adult being about a tablespoonful.

DEAD SHOT FOR TAPE WORM.—Bernard Persch says that after having given a fair trial to all the taenicides usually recommended, including kousso, male fern, pomegranate, etc., he found nothing to equal the following treatment, which is as certain as anything in medicine generally gets to be. In the morning early he gives a drop of croton oil disolved in chloroform and the solution mixed with an ounce of glycerine. On retiring that same night, the patient is given a mild laxative. The *Rev. des Scien. Med.* says that the treatment never fails, the taenia being rapidly and completely expelled.

NAPHTHALINE FOR OLD ULCERS.—Dovodtchikoff in *Vratch* says that no treatment so soon heals up old ulcers of the leg as powdering them thrice daily with naphthaline. The ulcer should be covered with oil silk and the old dressing should be washed off before each fresh application.

PARALDEHYDE HYPODERMATICALLY.—Keraval says in the *Prog. Med.* that paraldehyde may be administered hypodermatically without evil effects by mixing it with an equal quantity of cherrylaurel water and cutting the solution with twice its bulk of distilled water at the moment of injection. Langreuter and Strubisch recommend olive oil (oil 3 to paraldehyde 1) as the vehicle.

ANÆMIA TREATED BY PEPTONE.—Anæmia, says Dr. Edouardo de Abreu, consists in a diminution of the liquor sanguinis accompanied by a modification in the composition of the remainder, both of which abnormalties are occasioned solely by disorders of nutrition. He was led to try the wine of peptone and peptone in the treatment of two cases of the disease and declares the results to be simply marvelous. The appetite returned, the nervous symptoms disappeared and the invalids were restored to blooming health, all by three to four spoonsful of peptone daily, washed down by a glass of good peptonated Madeira wine at each meal.

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GLYCERINE FOR TRICHINOSIS.—A traveling salesman, before leaving home to go on the road, ate plentifully of ham, his family joining in the repast. He had gone but a short distance when he received telegraphic notice that the ham from which his family had been supplied was found, on inspection, to be infected with trichina. He immediately abandoned his trip and went into the nearest hospital. Here his diet was cut down to a minimum, and he was given a draught consisting of 10 ounces of compound infusion of senna. For several subsequent days he was given every hour a teaspoonful of glycerine. He was finally discharged, having escaped all symptoms of trichinosis, while every member of his family (who were treated at home) suffered most severely from the disease.—*Arch. fuer klin. Med.*

[While willing to give glycerine all the credit claimed for it in most instances, we cannot but think that the immunity enjoyed by the drummer was largely due to the fact, which is well known, that the stomachs of this peculiar race of men are copper-lined, and that the only thing in a spiral shape that is known to have any effect upon them is a cork-screw.—*Nat. Drug.*]

SUBSTITUTE FOR TRANSFUSION.—M. Coiffier in a work spoken of elsewhere, gives the following as a substitute for transfusion of blood, as for instance in post-partum hæmorrhage. 1° Compress the limbs by means of bandages tightly and smoothly applied from the toes to the crutch, and from the fingers to the shoulder. 2° Impose absolute rest, the limbs extended and having the distill ends slightly more elevated than their junctures. 3° Twice or thrice daily give a hypodermic injection of $\frac{1}{6}$ grain of morphine and at the same time one of sulphuric ether. 4° Aliment with care, frequently, but little at a time.

INDUCED EPISTAXIS FOR HEADACHE.—One more quotation from M. Coiffier's *Méd. et thérap. ration.* In congestive headache nothing secures relief so quickly as induced epistaxis. To produce a free nose bleed proceed as follows: cut a little piece of mustard paper, dip it in warm water, roll it up mustard side outward and introduce it for a few moments into the nostrils.

THERAPEUTIC USES OF SNEEZING.—M. Coiffier says in his recent work on *Med. et Therap. Ration*, if an expectorant is indicated and the remedy at hand fails to act as it should, provoke

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sneezing. A sneeze loosens up the air passages and sets the excretories into vigorous action. With children a pinch of snuff is generally all sufficient. With their elders, especially those in the habit of taking snuff, the poudre sternutatoire of the codex is better. Veratrine is a powerful provoker of sneezing—one one-hundreth part of a grain added to a half ounce (say 1 : 25,000) of snuff increases is sternutatory powers immensely. Again, there is nothing like a sneeze in expelling foreign bodies from the air passages. M. Coiffier gives a number of incidents confirmatory of this axiom. In two instances where he failed to excite sternutation otherwise, he succeeded by conveying to the base of the nasal fossae a minute portion of veratrine, scarcely the two-hundreth part of a milligram, which he carried thither on the end of a sound.

A NEW ANTIBLENNORRHAGIC.—Kava, introduced to the world some ten or twelve years ago by Dupuoy, a surgeon of the French Navy, as a certain cure for acute urethritis, both specific and nonspacific, after having been tried and endorsed by Gubler in Germany and Delahaye, Robert and others in France, seems to have been almost forgotten. In an article on the subject in *La France Medicale* for Sept. 3rd, '85, Robert again calls attention to the remedy, which is one of the piperaceæ (piper methysticum) and says that the reason why it has made so little headway in therapeutics is that it has hitherto been so difficult to procure. A house in Paris, however, has undertaken to import plenty of the drug, and the roots, (which are the medicated part of the plant) will soon be plentiful. It is said to cure gonorrhœa almost without fail in ten days.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins of the French and German Societies, and Academies.

SYMPTOM OF PULMONARY PHTHISIS.—In a book recently published by the Baillières of Paris, entitled *Med. et Therap. Ration.*, the author M. Henri Coiffier, gives in an axiomatic manner a vast deal of most valuable information in medicine and therapeutics, much of it depending upon entirely original observations. The following is an example; "The coexistence of a

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healthy (clean) tongue with a pulse beating from 85 to 90 strokes per minute, is, between the ages of 18 and 45 years, a premonitory sign of pulmonary phthisis." Having found these two coincident indications, the preventative treatment of phthisis should be at once commenced.

LETHAL DOSE OF HYDROGEN SULPHIDE.—At the seance of Aug. 8th, of the Société de Biologie, M. Gréhant, communicated the results of his experiments for the purpose of determining the degree of toxicity of hydrogen sulphide. The experiments were carried out by M. Peyron under the direction of the author, the gas in question being mingled with various proportions of atmospheric air. The author remembered that Faraday had found sulphuretted hydrogen fatal to dogs when mixed with the air in the proportion of 1 to 800. Commencing with 1 part to 2000 the proportion of air was gradually lowered in his experiments down to 1 in 1000, at which point the mixture of gases seemed to be innocuous. From this point the rate of decrease of the proportion of air was more gradual, but he found that for it to be fatal to dogs he was compelled to mix the gas with air in the proportion of 1 part in 500. Numerous experiments were made, all of which confirmed these figures, and it may be accepted as a fact that atmospheric air that has a greater proportion than 1 part of hydrogen sulphide than 1 in 600 or 700 will be rapidly fatal to these animals and presumably to man.

A NEW CAUSE OF ABORTION.—In Vratch Dr. Vodiagin tells of two young and apparently healthy women who had repeated abortions without any assignable cause. One of these women, after aborting in five consecutive pregnancies, within the period of six years finally passed a tapeworm—bothriocephalus latus. The other aborted twice within two years, and after the second abortion was relieved of a tænia armata (solium). Shortly after the passage of the worms both women again becoming pregnant, carried to full term and were happily delivered. Vodiagin thinks that this is not a simple coincidence, but that the worms were in each instance the direct cause of miscarriage. When we reflect on the effects frequently produced by purgatives, by hepatic and nephritic colics and other disturbances of the abdominal viscera we admit that there is a certain degree of rationality in Dr. Vodiagins hypothesis, though it would require more than two such cases to cause one to accept the theory as proven.

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ARTICLE XXXVII.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

THE AMERICAN SOCIETY OF MICROSCOPISTS.

NOTES FROM THE EIGHTH ANNUAL SESSION.

ANNUAL DUES.—In a notice of the Society in the August No. of THE JOURNAL, I inadvertently stated that the annual dues are $3.00 per annum instead of $2.00. This small sum annually entitles one to membership and a copy of the proceedings.

THE NEXT MEETING will be held at Chatauqua at a date not yet determined. It will be settled by the Executive Committee at a future meeting, and will depend on the date set for the meeting of the American Society for the Advancement of Science.

THE PORTRAIT GALLERY.—In response to the circular of Mr. Griffith issued two or three months ago, quite a large number of members have sent in well executed cabinet photographs of themselves, forming the nucleus of a portrait gallery of the members. Those already collected were formally presented to the Society by Mr. Griffith on the last day of the meeting and a committee, consisting of Dr. James and Dr. Dayton, was appointed to suggest a plan for properly preserving and displaying them. As the years roll by the older members are gradually passing over to the majority and at each annual reunion some well remembered face is absent, never to meet with us again. The spirit which dictated Mr. Griffith's circular is in keeping with his kindly and thoughtful nature, and is appreciated by us all.

THE SECRETARYSHIP.—With the vastly increased membership of the Society the labors devolving upon the Secretary have annually become more and more onerous, and at Cleveland Dr.

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Kellicott, able and willing as he is, was compelled to call on the Society for relief from a portion of the work. The by-laws were thereupon so amended as to create the office of Assistant Secretary, and Dr. Musgrove, of Urbana, O., was elected to the position. Dr. Musgrove, though a young man, is admirably fitted for the position and demonstrated the fact by relieving Dr. Kellicott of an immense amount of detail work at the last meeting. He will also greatly assist him in getting out the proceedings, thus enabling the Secretary to publish them much earlier than would otherwise be possible.

WHILE THE LAMP HOLDS OUT TO BURN, ETC.—The Subsection of Microscopy of the American Association for the Advancement of Science was reabsorbed into the Section of Biology at the recent meeting of the Association at Ann Arbor—presumably from lack of work and interest on the part of the members of the subsection. There never was any real use of such a subsection and from the first, to use the language of the old common law indictment, "it did languish, and languishing did die." Being dead, perhaps that little gang of solar walk and milky way scientists who could not associate with Professor Rodgers, of Cambridge, Professor Burrill, Gov. Cox, Professor Hamilton Smith, Professor Mills, Dr. Kellicott, Dr. Detmers and other amatuers comprising the American Society of Microscopists, may now conclude to come back and give us the benefit of their wisdom. They will be entirely welcome—if they behave themselves.

SUPERINTENDENT OF THE WORKING SESSION.—The expiration of Mr. Vorce's term of office made it incumbent upon the Executive Committee to appoint his successor in this most important position. This body, which met immediately after the final adjournment of the Society, with singular unanimity determined to put the whole matter into the hands of Mr. E. H. Griffith, of Fairport, N. Y., giving him entire liberty of action and discretion in the premises, and authorizing him to choose from the members of the society two assistants to aid him in carrying out his plans. This appointment, in addition to being the very best one that could be made if the Executive Committee had had the whole world to choose from, is a vindication which every right-thinking member will be glad to accord Mr. Griffith,

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to whose practical common sense and experience as a microscopist and teacher the Working Session owes its origin. After founding it and managing it with rare ability for two years he was provoked into resigning the superintendency of his own creation by the absurd claims of another individual which found support in a small circle of members of the society at the Rochester Meeting. Mr. Griffith had declared that he would under no circumstances again accept the labor, responsibility and expense attached to the office, but the circumstances under which the appointment was made at Cleveland caused him reluctantly to withdraw his objections and again get into harness, like the old reliable 'wheel-horse' of a worker that he is. As good as were the results under Mr. Vorce at the late meeting, I venture to predict even greater ones at the next meeting.

HIGH INDEX MOUNTING FLUID.—It will be remembered that a year ago, at Rochester, Prof. Hamilton Smith announced that he had discovered a mounting fluid of an index of refraction higher than any hitherto known or used. He declined at that time to make public the formula for this fluid, making no explanation of his motives for so unusual a proceeding. His friends, of course, knew these reasons, and all who knew him felt certain that they were good ones. His motives were, however, questioned abroad, and he was sharply taken to task for a proceeding so foreign to the genius and method of pure science—the intimation being that he had kept his discovery a secret in order to make money out of it. At the Cleveland meeting Professor Smith announced that having experimented further with his fluid, and given it time to display its bad qualities if it had any—having, in fact, perfected his discovery, he was ready to give it to the world. He made the explanation (which was altogether unnecessary to those who knew him) that he had refrained from speaking sooner simply because he feared announcing a worthless and incomplete discovery. The following is the formula in question:

"In two (2) fluid drams of glycerine jelly, made in the usual way, dissolve in the cold, ten (10) drams of chemically pure stannous chloride. When solution is complete bring to a boil for a few minutes and filter while hot."

It is a curious fact that the glycerine jelly will dissolve the great quantity of tin salt mentioned. The fluid must be used hot.

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This may be done by simply heating the slide at the time of mounting, or the fluid may be heated in mass, as with old dry balsam. It has a refractive index (approximately) of 2.40. The color is about that of old yellow balsam. Diatoms mounted in it show up with wonderful clearness.

About two hundred, out of the three hundred and fifty members of this Society, met at Cleveland on the 19th ult. Many of them were accompanied by their families and, as the occasion was the eighth time in which they had come together in annual conclave, it was like a reunion of old friends, and the greetings were many and hearty. This exhibition of friendliness soon communicated itself to the younger and newer members, many of whom were present for the first time, and helped to dissipate that feeling of reserve and hesitation so natural under the circumstances which ordinarily surround a meeting of this sort. Around the hotels, not only at headquarters—the Forest City House—but elsewhere, the white badge of membership of the society or the red badge of the local society was sufficient introduction, and there was throughout the whole week an air of what the Germans call *Gemuetlichkeit*, (which has no English equivalent) which is generally so foreign to the meetings of scientific societies. The result was that whatever of dissatisfaction and pique there may have been at the close of the Rochester meeting (and it is useless to deny that much dissatisfaction did exist) was completely dispelled. Never before has the Society been so united, and it augurs well for future success. "We have" says Dr. Kellicott, the efficient and hard worked secretary, in a private letter to the writer, "unity and good-fellowship. All old sources of ill feeling have been removed; now let us go to work and put the society to the very front. We can do it in a few years."

One of the evidences of the spirit of conciliation which animated the society is the fact that, although largely in the majority numerically, the Eastern members made a Western man—Prof. Burrill, of Champaign, Ills.—president, divided the vice presidencies between the east and west, and of the Executive Committee, one member was chosen from the east, one from the west and one from the extreme south.

PHOTO-MICROGRAPHY.—If I were asked to indicate the particular branch or direction in which the science of microscopy had

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made the most marked advancement, within the past year, as indicated or evinced by the work of the members of the American Society, I should unhesitatingly name photo-microscopy. This was demonstrated in several ways. Not only have the methods of photoghraphy been simplified and vastly improved; but there have been a corresponding improvement and simplification in the instruments and apparatus employed, and, as might have been expected, a higher grade of technical work and manipulation has been the result. Another result has been the increase in the numbers of those who are practicing photography. When it was demonstrated that most excellent photographs could be made with objectives not especially constructed and corrected for photography, and that the ordinary methods of illumination could be used, the greatest obstacles to the extension of the practice of photo-micrography were removed. When it was further demonstrated that the methods of 'enlarging', as used in ordinary photography, could be applied to photo-micrography, another great point was gained. Dr. Robert Dayton, of Cleveland, exhibited an enlarged print of a photo-micrograph of *amphipleura pellucida* at least two feet in length, every line and marking being sharp and distinct. It has remained, however, for Dr. Detmers, formerly of Chicago, but now of Champaign, Ills., to perform the most remarkable feats in this branch of microscopical science. He exhibited to the society photo-micrographs of bacilli, bacteria and micrococci, amplified from 2000 to 3000 diameters, made with objectives not especially corrected for photography, the source of illumination being a coal oil hand lamp costing thirty-five cents! A photograph of *amphipleura*, made in the same manner, lies before me as I write and nothing could be finer, clearer or sharper. Dr. Dayton's source of illumination for his great enlargements was a 2200 candle arc light hanging in front of a hotel opposite to his rooms.

THE WORKING SESSION.—If any member of the Society ever really had a doubt as to the value of the Working Session this doubt must surely have been dispelled at Cleveland. Within the limits of the hall at the Le Grand Rink, and between the hours of 2 and 5 P. M. a person by passing from table to table might see in actual operation every important process, every new and valuable accessory and every special time and labor saving de-

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vice in microscopical technology and microscopy, illustrated and manipulated by experts. On one side were men like Dr. Eastman, of Baltimore, Dr. Blackham, of Buffalo, and others equally as skillful, cutting sections with the Schanze, Thomas, Bausch, Lomb and Bollock microtomes. At another point Dr. Dayton, Mr. Walmsley, Mr. Vorce and others were illustrating every step in photo-micrography. Dr. Lewis, of Hartford, with his magnificent outfit, and Dr. Musgrove, of Urbana, were showing all the details of the uses of electricity in microscopy. At another table were illustrated the processes of making cements and the uses of the same in cell building and mounting. At still another we see diatoms in process of preparation; at another an expert is mounting them in groups by the aid of the mechanical finger and mounting microscope. Over in another part of the hall Dr. Manton is illustrating the preparation of embryos (chicks in this instance) for serial sections and the mounting of the same. In fact, without mentioning any further details, I may say that a person of ordinary intelligence could learn more in this one afternoon, by the occular demonstration thus afforded in every department of microscopy, than he could gather from text books or personal experiment in months or years. Nor were these demonstrations simply a hurried repetition of processes by men anxious to get through a routine job; they were slowly and carefully conducted and repeated time and again, each step being verbally as well as mechanically demonstrated, so that even the dullest must comprehend. Great credit is due Mr. C. M. Vorce, the superintendent of the section, for the completeness of his arrangements and the manner in which they were carried out.

FERTILIZATION OF FLOWERS.—There is one more paper that was read at Cleveland to which I want to call attention, and I regret that I have not room for it in full. It was entitled Pollen-tubes Again, and was read by Mr. John Kruttschnitt, of New Orleans, whose paper on the functions of the pollen-tubes in the fructification of the phænerogams, read at the Rochester meetting a year ago, created such an interest among students and professors of botany, not merely in America but throughout the learned world. In England and Germany Mr. Kruttschnitt's Rochester paper was received with respect, and his views where not absolutely accepted were criticised in a scientific spirit. In America, on the contrary, a few professors of botany, who had

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written and published text books on the subject, could not find words sufficiently strong to express their contempt and ridicule of his suggestions—a course of conduct sharply rebuked by an English scientific journal, which epigrammatically reminded the professors that it was "much easier to ridicule Mr. Kruttschnitt's propositions than to controvert his positions." Briefly stated, the old idea of the methods by which the fructification of phænerogams is accomplished was that a pollen tube charged with the fertilizing element, at the proper time, descended through the style and entered an ovule at its micropyle, each ovule thus requiring the descent of a pollen-tube. Mr. Kruttschnitt declares that the pollen-tube makes no such descent. The fertilizing element of the pollen is conducted to the ovary by the conducting tissue, which consists of hollow tubes through which the element is carried and distributed over the entire inner structure of the ovary, where it is brought into contact with the ovule by the simplest of mechanisms. As a specimen to illustrate his position, a flower of one of the cactaceæ, *cereus*, was chosen by Mr. Kruttschnitt. In examining a transverse section of *cereus* there will be seen swinging on their long funiculæ many ovules covered on their ventral portion with minute papillae, with which the micropyles of other ovules are brought into natural contact by simply bending over. The papillæ may be seen to contain a granular matter such as is contained in the conducting tissue and which is the fertilizing element of the pollen. Thus the contact is made and fertilization effected without the aid of pollen-tubes. The ovary of *cereus* contains not less that 3000 ovules, each one of which would require, according to the old idea, the descent of the pollen-tube through the style, which is already as full of matter as it can hold and which, consequently, has no room for the enormous mass of foreign matter which is thus expected to pass through it. The paper of Mr. Kruttschnitt was published in full in the *National Druggist* for Sept. 4th (Vol. VI page 116) and to it we must refer such of our readers as are interested in the matter.

FATTY INFILTRATION OF LIVER.—There were but few papers read at the recent meeting which were of interest exclusively to medical men,—a fact which, when one considers the great preponderance of physicians in the membership of the society, is rather anomalous. Among those read, however, none were of

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more practical interest to the profession than that of Dr. L. M. Eastman, of Baltimore, Md., on Fatty Infiltration of the Liver, which he defines as that condition in which fat accumulates in larger or smaller drops in the parenchymal cells of the organ. This condition, said Dr. Eastman, is of such frequent and almost constant occurrence that the liver has been called the great fat reservoir of the system. Schoeppel, who has investigated this question very closely, states that this fat is either brought to the liver cells with the blood, or it may originate in the interior of the cells themselves, from the albumen belonging to them. The speaker was inclined to the latter opinion. Whenever the albumen thus expended is at once restored, so that the glandular cell retains its normal proportion of albumen, fatty infiltration is produced. But when this restoration does not take place the cell degenerates into an abnormal or pathological condition, and we have what is known as fatty degeneration of the liver. In fatty infiltration the liver is of a paler hue than normal, and presents a yellowish or greenish tint. Its size is either normal or enlarged; whereas in fatty degeneration, owing to unrestored albumen—which is an irreparable loss—we have shrinkage of the gland, which becomes yellow in hue; hence the term for this condition, yellow atrophy. Although infiltration may not be produced by any abnormal condition of the secretory cell, it is most frequently associated with or caused by disease in other organs. Indeed, there is scarcely a malady in which the liver has not at times been found infiltrated with fat. Those affections in which the blood is characterized by a large amount of fat, and from which it separates as a turbid milky serum, are those in which the liver most frequently—and to a greater extent than usual—becomes infiltrated with fat. At the head of the list of those diseases more frequently characterized by this condition of the liver we find pulmonary tuberculosis and alcoholism—the dyscrasia of drunkards. This paper, which was short, being given above almost in full, was illustrated by some beautifully executed photo-micrographs of sections of fatty liver, and by slides of same. As an addendum, Dr. Eastman gave his methods of making the accompanying preparations. The liver was cut into cubes about one-half inch square, which were hardened in Muller's fluid; and stained in bulk in ammonia carmine solution. A curious fact in regard to the fat, which is chemically the same as the fats of other parts of the body, was stated by Dr. East-

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man in this connection. It was almost impossible to isolate it. Even boiling in ether for several hours had little or no effect on it.

BUTTER AND FATS.—One of the most important actions taken by the Society at its late meeting was the appointment of a committee consisting of five expert manipulaters and experimenters to investigate and report upon the value of the method proposed by Mr. Tom. Taylor, microscopist of the Department of Agriculture at Washington, for the differentiation of butter and other fats by means of the microscope. Briefly stated, Mr. Taylor claims that each of the animal fats and many of those derived from other sources will, when treated by means which he describes, yield crystaline bodies of microscopical dimensions but which differ from each other not only in shape and in size but also in their behavior towards polarized light. These forms are constant for each kind of fat and are not altered by the mingling of two or more kinds of fats. Under such circumstances, as when lard, suet or tallow, or all three of them, are mixed with butter, each fat, although the solution of one by another may apparently be complete, will, under the proper treatment, deposit its own generic crystals; thus enabling a microscopist to detect with unerring certainty the presence of an adulterant and to name the particular adulterant used. Mr. Taylor spent a good deal of time in illustrating his discovery to the individual members of the society and read a very interesting paper on the subject in open session. The great hygienic and commercial interests involved caused the action of the society to be more careful and guarded than usual, and the appointment of this committee is an evidense of a determination to investigate the discoveries of Mr. Taylor in a most thorough manner. The committee consists of Dr. Fell, of Buffalo, N. Y., Dr. Detmers, of Champaign, Ills., C. M. Vorce Esq., of Cleveland, Dr. Lester Curtis, of Chicago and Mr. Atwood, of Rochester. They are instructed to pursue their investigations separately at home, and to report individualy to the Chairman of the Committee, who will report through the Secretary of the Society to the Commissioner of Agriculture. They promise this report in a month or six weeks from date of adjournment.

It will, no doubt, appear in full in the proceedings of the Society for 1885. In discussing the paper of Mr. Taylor, Professor

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Detmers made the astounding declaration that in one establishment in Chicago, where an average of 3000 hogs *per diem* were slaughtered during the season, not an ounce of pure lard was put up. Every package of lard which went out was mixed with cotton-seed oil, and with the fat of animals dead of disease and with beef aud horse tallow. Dr. Taylor said, that in his search for pure butter he had sent over to Alexandria, Va., and had butter secured from a woman who came into the town as though from the surrounding country, bringing a limited supply of what appeared to be pure, fresh dairy butter in patties. On examining this he was surprised and disgusted to find that the "fresh country butter" was oleomargarine of the commonest sort, containing not an ounce of butter to the hundred pounds of material. Detectives were put to work, and it was found that the honest country women of Alexandria were female hucksters from the slums of Baltimore and Washington, who disguised themselves thus and drove a thriving trade with Washingtonians who sent to Alexandria for pure butter.

ARTICLE XXXVIII.

Department of Dermatology and Syphilis.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A.M., M.D., Professor of Dermatology and Syphilis, St. Louis College of Physicians and Surgeons, of St. Louis.

PASTES IN SKIN DISEASES.—Dr. Van Harlingen, in a paper on Unna's Pastes (*Polyclinic*) makes the following pertinent remarks: They are cheaper than ointments, but must be made extemporaneously, or nearly so. The pastes were more troublesome to have made than ointments. So long as I applied them myself, the patients did well, but when placed in the patients' hands to apply at home, the result was highly unsatisfactory. Some of the pastes necessitate the employment of glycerine to prevent their "setting" this being determined by experience only.

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LEPROSY AS SEEN IN CONSTANTINOPLE.—Dr. Zambaco has observed leprosy in Constantinople and we find in the *Medical News* a summary of the report of a commission, appointed to examine the memoir, to the Académie de Médecine. The variety of leprosy considered is the tubercular. The author says that it is not a hereditary disease; that it is possibly acquired by contagion, but that has not been demonstrated. At Constantinople, as in Norway, two-thirds or three-fourths of the lepers have the eyes affected, the most common affection being keratitis. General tonic treatment and the local use of the thermo cautery to destroy the tubercles constitutes the therapeutics.

TREATMENT OF SCROFULODERMATA.—In his lectures at the Hôpital St. Louis, M. Guibout in speaking of the scrofulodermata deals with both the general and local treatment. For the first he places most reliance upon iodine and its preparations supplemented, of course, by general tonics. The lesions, manifesting themselves upon the skin, are for the most part of a malignant tendency and this character must be changed. To this end he proposes 1st, irritating topical applications, such as corrosive sublimate ointment of one-third strength, 2nd, incisions and scarifications often repeated, thus producing a salutary depletion and replacing the morbid tissues by cicatricial material, and 3rd, cauterization with the thermo-cautery. It must be remembered that these means must not be abandoned too soon, as the disease is essentially chronic and more or less rebellious.

WALNUT-TREE BARK IN LUPUS.—We learn from the *Lancet* that J. C. Ugaz has written to the *Cronica Médica*, of Lima, that he has found vesicating properties to be present in the inner bark of the walnut tree. He applied a small piece to his arm, the bark having been previously macerated in vinegar for fifteen minutes. He went to bed and was disturbed in his sleep but controlled himself. In an hour the severe pain awakened him; he tore off the bandage and went back to bed. The next morning the pain had disappeared, but he found three large blisters filled with serum, the skin being blackened. A boy suffering from hypertrophic lupus of the lip came under his care. He applied the bark to this and dusted the resulting blister with calomel. Eighteen days later the patient returned "completely cured". The questions which naturaly suggest themselves are,

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whether the case was one of lupus and whether another vesicant might not have produced the same effect.

CALOMEL IN INFANTILE ECZEMA.—Dr. Henry T. Byford reported to the Chicago Medical Society (*Med. Jour. & Exam.*) his success in the treatment of infantile eczema with calomel, citing numerous cases. He stated that it made no difference on which part of the body the eruption occurred or what the condition of the patient was otherwise. That eczema occurs so frequently in infancy, the large size and great activity of the liver in early life, and the striking action of calomel, had led the author to associate indigestion with infantile eczema as cause and effect. He knew of no authority who had considered derangements of the liver, and its accompanying digestive disorders, as the chief cause of eruptions of the skin, or who had recommended calomel as the chief remedy in its cure. We have seen very good results in infantile eczema following the use of topical applications alone and requiring mothers to refrain from *over-washing*. Again, in intestinal derangements causing this troublesome complaint, bismuth will often cause a rapid disappearance of the cutaneous lesions. That calomel is in any sense a specific for infantile eczema cannot be accepted and we are inclined to think that its good is due more to its property of removing irritating substances from the alimentary tract than from any elective affinity it may have for the liver.

THE HERPETIC DIATHESIS.—This diathesis, accepted by all French dermatologists, has been looked upon askance by the majority of those situated in other countries. Bazin and Hardy have been the most enthusiastic advocates of its existance, arguing that it has as distinctive characteristics as the gouty, syphilitic, scrofulous or cancerous diathesis. In a late lecture upon the subject M. Guibout defines the herpetic diathesis (l' herpétis) as a general, constitutional affection, sometimes hereditary, at others acquired, which is non-contagious, not inoculable, transmitted by spermatic impregnation and manifesting itself chiefly upon the skin. The lesions have characteristics which belong to this disease alone. It has a duration which is always long and terminates spontaneously in cure, in a state of marasmus and cachexia, or in cancer or tuberculosis. It is tenacious, relapses are frequent, there is no pain accompanying the

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lesions which are generalized, being progressive and symmetrical. Whatever lesions appear will remain as such throughout the disease. At first these are intermittent and afterwards permanent. Its heredity is undoubted and establishes more firmly the fact that it is a diathesis. Such is a brief outline of the latest authoritative dictum upon this much disputed question. The question is one worthy of study, not only in France but abroad, as it may possibly be a condition peculiar to the country where it has engaged so much attention, or it may require more care and observation to establish its identity in the other countries in which it may exist.

ALBUMINURIA AND THE MERCURIAL TREATMENT IN SYPHILIS.—The *Med. News* states that at the recent Congress of German Physicians, Fürbringer, of Jena, found that of secondary syphilitics who before treatment were not albuminuric, 8 *per cent* became so during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in 12 *per cent* of cases, almost always in the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment. In the discussion which followed it was stated that mercurials did not aggravate albuminuria due to syphilitic renal disease. It may not be out of place here to call attention to the fact that, often, renal disorders are treated as simple affections of the kidneys when the underlying cause of all the trouble is syphilis and many undergo a long and tedious and sometimes fruitless course of treatment when a simple inquiry in the proper direction would obviate the difficulty and yield more gratifying results.

MERCURY IN SYPHILIS.—To find an efficient substitute for mercury in syphilis has been the *ultima thule* of many syphilologists. That not one has yet succeeded in his cherished object is well-known. No matter how efficient a remedy has been found nor how brilliant its results have been, some case has been found in which it proved an ignominious failure and mercury, the "sheet-anchor", has been weighed and *not* found wanting. In a short paper on syphilis in the *N. Y. Med. Jour.* Dr. F. R. Sturgis makes the following statement which is so well put that we feel tempted almost to recommend every physician to "paste it in his hat". He says: Some patients may recover without the

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use of mercury, but it is not safe to omit its administration, for we can never tell how the disease will end. Mercury, too, is our best remedy for this condition, and it would therefore be indefensible to withhold it and to subject the patient to the consequent risk, especially as the dangers from its effects are less than from the effects of the disease, and the number of recoveries without the mercurial treatment too small to build a theory upon.

CHANCRE OF THE TONSIL.—Dr. Frank Donaldson, Jr. records an interesting case of chancre of the tonsil in the *Medical News*. Tonsil chancre is usually unilateral, begins with slight redness and swelling followed by a superficial erosion and induration at its base. The gland itself is tumefied. The erosion becomes an ulcerating surface covered with a grayish white coating or it may be granular. The lesion may be superficial or deep and sloughing. The adenopathy of the affected side (submaxillary) is well marked and early and more painful than the inguinal engorgement following genital chancres. The principal signs of syphilis and epithelioma of the tonsil are as follows:

SYPHILIS.	CANCER.
Functional Symptoms.	*Functional Symptoms.*
Deglutition and swallowing painful, but rarely impossible, with freedom from pain when parts are at rest.	Difficulty and pain in swallowing the first and constant symptom, increasing until it is impossible to take food. Lancinating pain referred to the ear.
Physical Signs.	*Physical Signs.*
Some hypertrophy with early superficial ulceration in primary sore. The tertiary ulcer perforating and cone-shaped. Comparatively slight glandular enlargement, not painful, and subsides with the cause of the irritation.	Great hypertrophy, later widespread ulceration. Considerable glandular enlargement and induration, which become very pain- and do not disappear.
Hemorrhage rare.	Hemorrhage frequent.
Slight emaciation.	Great emaciation.
Amenable to treatment.	Not cured by any treatment.

Of course the history of the case and the remains of former lesions will enable the observer to distinguish chancre of the tonsil from the mucous patch or gummatous ulcer.

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Report on Remedies.

Article XXXIX.

Uric Acid Diathesis.—Cystitis—Report of Typical Cases.

By E. A. Chancellor, A. M., M. D., St. Louis.

Hon. G. S. P. (Cal.) An author of several popular works, æt. 54, a transient. Called to hotel on Jan. 3rd, 1885, found a gentleman of a nervous temperament with the following symptoms: pyrexia, temperature 103°F., having had a chill in the forenoon, headache, anorexia, constipation with pain in the lumbar region, scanty discharge of urine, which was of a brownish-red color, and on standing for a short time would form a superficial film, adhering to the sides of the vessel, with a reddish precipitate, sp. gr. 1030, acid reaction, negative test for sugar and albumen, freely soluble in liquor kalii. Patient was directed an aperient and put upon lithiated hydrangea (Lambert's), a dessertspoonful every four hours in a wineglassful of water, to be taken between meals. Directed a milk diet, outdoor exercise. On Jan. 5th patient much improved, with freer passage of water, no disagreeable symptoms. Medicine decreased to one teaspoonful (between meals) every four hours with an occasional draught of Bethesda water.

On Jan. 17th, urine of a straw color, sp. gr. 1023, acid reaction (Midday), no sugar nor albumen, with general health good and gaining weight.

Mr. Richard M. An engraver, æt. 60, of a phlegmatic temperament, consulted me Oct. 31st, 1884, with an insufficiency of urine, of disagreeable odor, and which was of an orange color, an amorphous and loose precipitate which would sink with tolerable rapidity in the vessel on becoming cool. Sp. gr. 1028, reaction acid, no albumen nor sugar, but an abundance of urates which dissolved speedily and completely on applying heat or liquor kalii.

Patient being otherwise in ordinary health no adjuvant was directed save lithiated hydrangea (Lambert's) which was admin-

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istered in dessertspoonful doses four times daily in water between meals.

Nov. 7th. Patient had so far recovered that the lithiated hydrangea was continued only in teaspoonful doses thrice daily in water two hours after each meal. On Nov. 12th, discontinued altogether.

Mr. F. H. McM. A merchant, æt. 37, of a sanguine temperament, called at my office on Nov. 24th, 1884, with symptoms of acute cystitis, having been cured (as he thought) of a severe case of gonorrhœa, the discharge having ceased, the patient presented an accelerated pulse, pyrexia, the tongue dry, lips parched and bowels constipated, a sharp lancinating, bearing down pain, following each act of micturition, a dull pain over the symphisis pubis and a constant sensation of fulness of the bladder, calling for repeated and unavailing straining to pass water, the effort bringing about a spurt of only a drop or two of turbid urine. The symptoms were of such a serious nature and patient so depressed in spirits that eight leeches were applied at once to the perineum with great relief, patient being confined to bed. The following formula was prescribed.

℞ Bromid. Kalii.....ℨss.
Fl. Ext. Gelsemini.....gtt. x.
Fl. Ext. Hyosciami.....ℨij.
Lithiated Hydrangea (Lambert's)....q. s. ft ℨiv. M.

Sig.—Dessertspoonful every four hours in water, with a strict milk diet and flaxseed-tea as a drink. On Nov. 27th. the patient greatly improved, the bladder was washed out with the double current catheter and Sulph. Quinine, gr. x, Listerine ℨss and water ℨiv; twice daily.

Continued to attend patient until Dec. 6th, when the irrigation to bladder was discontinued and lithiated hydrangea given in drachm doses with fl. ext. hyosciami, three times daily. On Dec. 10th, patient discharged as cured.

Mr. C. E. A. A medical Student, æt. 30, of plethoric habits, came to my office on Jan. 10th, 1885, with a severe case of urethritis (which had received proper attention) and an aggravated attack of cystitis, with the following symptoms; pyrexia, with tenderness in the hypogastric region, an uneasiness and sense of heat over the bladder, in the perineum and along the urethra. A constant inclination to micturate, a few drops of urine being passed causing pain and sense of scalding, which was only

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relieved by placing the penis in a glass or cup filled with water and then urinating. Urine contained mucus in small quantity, sp. gr. 1022, alkaline, no sugar nor albumen. The patients bowels were freely opened by enema and the following formula directed.

℞ Fl. Ext. Gelsemini..... .....gtt. x.
Fl. Ext. Hyosciami.....ʒij.
Lithiated Hydrangea (Lambert's)....q. s. ft ʒiv. M.

Sig.—Two teaspoonful every four hours in water. Flaxseed-tea was given to assuage thirst, and an absolute milk diet was rigidly enforced. Hot hip baths were given two or three times daily.

On Jan. 13th, marked improvement in patient, with general condition flattering. Lithiated hydrangea continued. On Jan. 18th, patient continued to improve, but was called home on account of illness in family.

Mr. J. R. An attorney at law, æt 37, nervous temperament, consulted me on Nov. 4th, 1884, having contracted urethritis several weeks previous, which had proved quite obstinate under good treatment. Now presented the following symptoms; a general febrile condition alternating with chills, melancholia, insomnia, anorexia and constipation, an undue frequency of micturition, a necessity which declared itself "urgently", even after the urine had been voided, there was still a desire to pass urine with great pain, sp. gr. 1023, acid reaction, no sugar nor albumen, cloudy and on standing deposited a light mucus.

The patient was put to bed in a recumbent posture, and directed lithiated hydrangea (Lambert's) and comp. syr. buchu equal parts, to be taken in tablespoonful doses in water every four hours. The excessive pain and nervous irritability demanded suppositories of ext. hyosciami and belladonna, which were given every 6 hours per rectum. Hot hip baths were freely used and as a demulcent flaxseed-tea was prescribed, and an absolute milk diet commanded. Discontinued to visit patient after Nov. 9th, the symptoms of cystitis having greatly ameliorated, consequently all medication and their adjuvants were left off, except lithiated hydrangea which was continued in drachm doses (between meals) three times a day. Patient returned to duties of his profession on Nov. 15th with buoyant spirits.

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The nature of nephritic and vesical troubles ordinarily occurring in individuals are of such a kindred character as to demand remedies that will act satisfactorily upon one organ whilst its near neighbor receives its true salutary aid. Such a remedy I have happily met in the compound, Lambert's lithiated hydrangea, which in about sixteen cases of renal and vesical disturbances, of which the five above taken at random from my case book are a type, has proven of extraordinary potency, and having given me better results in this direction than any single therapeutic agent, merits special emphasis.

Its ascertained value in uric acid diathesis and vesical irritation, should recommend its employment in the treatment of many forms of Bright's disease to appease if not altogether to alleviate, as well as for a prompt and efficacious restorative for the mainfold and distressing ailments of a gouty or rheumatic diathesis.

515 Olive St.

ARTICLE XL.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the JOURNAL'S Stenographic Reporter.

SATURDAY, September 19th, 1882.

DR. ATWOOD, President, in the Chair.

Epithelioma of Rectum.—Specimen.

DR. MUDD.—I have here a little specimen that may be of interest to some of the members of the society, and which I take the liberty of presenting, although the history of the case is not complete as yet. This is the result of an operation upon the rectum. It was removed from a patient, 45 years of age, who has been a healthy man, of temperate habits, and has had no difficulty with the digestive tract, that is, with the bowels, except that during the past four or five years he has had some discom-

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fort and pain in the sacral region for which he could not account. During the past year he has had some disturbance of the bowel, suffering as he supposed with hemorrhoids, and during the latter part of last year he complained of hemorrhages from the bowels. During the last three months he has had difficulty in defecation and the bowel protruded at one time. During the last few months it has not protruded, but the fecal masses were expelled with difficulty and only by the use of injections.

On examining the patient, we found an irregular hardness or nodule presenting just above the margin of the sphincter, over the surface occupied by the external sphincter and the lower part of the rectum. This extended over three-quarters of the circumference of the bowel and the nodules were presenting well forward toward the right border of the prostate gland, involving in a vertical line a piece of the bowel from three-quarters of an inch to an inch and a half in circumference, being wider on the right side than on the left. It did not present a hard nodule or indurated feel but simply a slight induration with a soft velvety feel as if it was a papillary growth—as though it were an hypertrophy of the epithelium.

After stating the conditions to the patient he consented to an operation and the operation was done this week. Making first an incision from the anus back to the sacrum, and opening up the tissue behind the rectum and thus pulling out the lower portion of the rectum so as to reach the diseased portion, the incision was carried around the sphincter just above it so as to leave it intact, except at the point where it was cut through behind the part dissected away. After dissecting away the diseased portion, the upper margin was brought down in contact with the sphincter and held in place by means of cat-gut sutures. This left quite a space upon either side of the rectum and behind. This was not closed completely; into that we placed drainage tubes—bone drains—one of them being carried up posteriorly to the point of the coccyx and the other forward beyond the posterior part of the cut made in the median line, running back from the margin of the anus. So far, the patient has done remarkably well; he has but little fever. On the second day after the operation I think the temperature was normal; the parts seem to have healed, at least they are healing, but of course I cannot say that it will heal up perfectly. There may be some pocket behind which will interfere with the com-

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plete healing but it looks as if the healing would be rapid and complete. The specimen shows the superficial area or extent which is much greater than one would expect from the depth of the growth. It did not seem to extend very deeply into the tissues, involving only the superficial or at least the mucous surface, extending into the submucous tissue only slightly. The patient had hardly recognized that there was anything wrong with him except in his defecation which was difficult; his general condition did not present evidence of serious disease.

Now, in this removal I did not follow the rules that have been given by some authorities, to remove a complete section of the bowel, that is, to remove the entire circumference so as to avoid folds of the bowel. This I felt free to disregard because the fold would be forward upon the prostate. The fold in the posterior part of the gut, I think, would be more in the way of defecation and more likely to obstruct the passage of the feces than that in front. In front, of course, the part is more closely adherant to the prostate gland; the connective tissue does not permit the sagging or bagging of the gut as would other portions of the caliber of the gut.

DR. HILL.—Did I understand you had not determined the character of the disease?

DR. MUDD.—I think it is an epithelial cancer, but it does not present the characteristics very clearly; it is in the earlier stages.

DR. HILL.—Was the progress of the growth attended with hemorrhage?

DR. MUDD.—No hemorrhage except a slight oozing during the earlier period.

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Periscope.

Article XLI.

Not a soldier in the Prussian Army has died of small-pox since 1875; this immunity is undoubtedly due to the strictness with which vaccination is enforced.

Dr. Senn, of Milwaukee, Wisconsin, has accepted the Chair of Principles and Practice of Surgery in the College of Physicians and Surgeons, of Chicago, and Dr. Christain Fenger that of Clinical Surgery, in the same college.

Granzis.—(*Allg. med. Ctrl. Ztg.*) recommends ergot in doses of ten grains every two hours, until three doses have been given. This treatment is particularly applicable to cases of constipation depending upon atony of the bowel.—*Dublin Jour. Med. Science.*

Rice as a Styptic.—Powdered rice as a styptic remedy has a great effect on fresh wounds, much superior to oxide of zinc. By mixing from four to eleven *per cent.* of it with lint, and using the lint thus treated as a compress, it is very effectual and more valuable than subnitrate of bismuth, salicylic acid, or carbolic acid.—*Medical Press.*

Sanitation in Chicago.—Dr. Oscar C. De Wolf, Commissioner of Health, of Chicago, has received an appropriation of $100,000 from the City Council for the purpose of improving the sanitary condition of Chicago. Thirty-four Sanitary Inspectors have been appointed, and it is intended that 50,000 houses shall be inspected before the first of September.

Vermifuge.—The *Pharmakeutische Zeitschrift fuer Russland* recommends the following as an excellent vermifuge, which is readily taken by children: Extract of licorice, 1 part; strained honey, 4 parts; tamarinds, 5 parts; powdered jalap, 1 part; powdered cinchona, 4 parts; pulverized root of male fern, 4 parts. The dose is from ½ to 1 tablespoonful.—*National Druggist.*

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PISTOL SHOT WITHOUT EXTERNAL WOUND.—In the *Dublin Jour. of Med. Science* is seen the following description of a pistol shot without external wound:

Dr. F. Ogston (*Edin. Med. Jour.* 1884) relates an instructive case of death from a suicidal pistol shot, in which there was no external wound. The bullet penetrated the velum palati, passed through the basilar process of the occipital bone, traversed the medulla oblongata, and, striking the internal occipital protuberance passed forwards and upwards through the brain till it reached the frontal bone; it then sank backwards over the surface of the brain, and was found over the fissure of Silvius, near the superior longitudal sinus.

JABORANDI IN OBSTINATE HICCOUGH. (*Medical Press*).—Amongst distressing cases, both to doctor and patient, those in which there is an obstinate persistence of hiccough may take a foremost place. Anything, therefore, which seems to promise relief may fairly be received with gratitude and be put to the test of experiment. Pagenstecker (*Ctrlbl. f. d. ges. Thèrap.; Bull. Gén. de Thèrap.*) reports a case of hiccough which had resisted every known remedy, including the bromides, morphine, chloroform and electricity. The patient's diaphragm contracted in the most violent manner about twenty or thirty times a minute, and he had been unable to take nourishment for three days. After receiving four grains of jaborandi leaves in the form of a decoction he had a profuse prespiration after which the hiccough was completely checked.

SINGULAR CASE OF ABSENCE OF ADIPOSE MATTER ON THE UPPER HALF OF THE BODY.—We see very often loss of fat in some local atrophies, but this defect always accompanies like changes in the muscular masses. Dr. Weir Mitchell reports, however, in the July number of *The American Journal of the Medical Sciences*, an interesting case which seems to point to the possibility of the existence of separate centres capable of restraining the deposits of adipose matter of normal amount, while yet the skin remains healthy as to texture and the muscles strong and of unaltered bulk.

In this most valuable example of disease, the skin and muscles are as to nutrition in good order, but the fat of certain regions is almost completely absent in the upper half of the body; at the

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same time there are in both arms places where there is some analgesia, a fact which points like a finger-post to the probability of the site of the defect of fat deposit as being in some portion of the posterior segment of the cord.

RATES OF INCREASE OF NEGRO POPULATION.—Such being the history of the negroes in *ante bellum* days, when they were property, and when every consideration of self-interest prompted their owners to watch over their health, to encourage child-bearing and to protect and preserve the children, is it to be supposed for a moment that this careless, improvident, ignorant race, thrown suddenly upon its own resources, should at once, or within a generation, take on a rate of increase more rapid than before emancipation? The wonder is, that in the past twenty years they have not fallen further behind.

Considering the colored race in this country as a whole, it is seen that it has not held its own, either in a state of slavery, or thus far in freedom. It is but another illustration of the fact, that an inferior race cannot thrive side by side with a superior one. It seems, therefore, under the circumstances, more profitable to study ways and means for preserving and strengthening the manual labor element of the South, rather than to debate the methods of getting rid of it.—From "Are we to become Africanized?" by Henry Gannet, in *Popular Science Monthly* for June. *Canada M. & S. J.*

THE COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION. on the international congress meeting in Chicago reduced the number of sections to sixteen and appointed the following Chairmen of the different sections: Histology, Professor Stanford E. Chaille, New Orleans; Anatomy, Professor Joseph Leidy, Philadelphia; Physiology, Professor J. C. Dalton, New York; Pathology, Professor Francis Delafield, New York; Practical Medicine, Professor J. M. DaCosta, Philadelphia; Surgery, Professor D. W. Yandell, Louisville; Gynæcology, Dr. Robert Battey, Rome, Ga; Ophthalmology, Professor E. Williams, Cincinnati; Otology, Professor C. J. Blake, Boston; Dermatology, Professor W. O. Hardaway, St. Louis; Laryngology, Professor J. M. McKenzie, Baltimore; Public and International Hygiene, Professor H. A. Johnson, Chicago; Collective Investigation, Nomenclature, Vital Statistics, and Climatology, Professor N. S. Davis, Chicago;

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Military and Naval Surgery and Medicine, Dr. David L. Huntington, U. S. A.; Practical and Experimental Therapeutics, Professor H. C. Wood, Philadelphia; Diseases of Children Professor J. Lewis Smith, New York.

THE INFLUENCE OF COCAINE, ATROPINE, AND CAFFEINE ON THE HEART AND BLOODVESSELS.—There are few known drugs that have, within such a short space of time, risen from comparative obscurity to such practical as well as theoretical importance as cocaine. Its great value as a local anæsthetic, and its wide application in all the branches of medicine and surgery, together with our comparative ignorance in regard to many points of its action on the animal organism, are sufficient to attract attention to a valuable experimental paper on the influence of cocaine, atropine, and caffeine on the heart and bloodvessels, by Dr. H. G. Beyer, U. S. N., which appears in the July number of *The American Journa of the Medical Sciences.*

Dr. Beyer finds (1) That *cocaine* is exceedingly prompt and uniform in its effects upon the heart. (2) In small doses it is a powerful stimulant to the heart's action. (3) In medium doses it has as inhibitory influence over the ventricular contractions. (4) In large doses it produces diastolic arrest from which, however, the heart may be recovered under suitable conditions. (5) In small or large doses it produces contraction of the bloodvessels, independent of the central nervous system. (6) A rise in the blood pressure, consequent upon the administration of cocaine, is due to a direct action of the drug on the heart and bloodvessels, stimulating the former and constricting the latter; a fall in blood-pressure coming on after the rise must be accounted for by the action of cocaine on the heart alone, since its constricting influence on the bloodvessels outlasts the stimulating influence it exerts over the ventricle of the heart.

(1) That *atropine* in certain doses increases the rate of beat of the heart and also the amount of work done; (2) that it exercises an inhibitory influence over the contractions of the ventricle. (3) That it first causes a contraction and afterwards a dilatation of the bloodvessels; (4) that cocaine acts on atropinized vessels in the same way that it does on normal ones, *e. g.*, it causes their contraction.

That *caffeine* in small as well as large doses produces dilatation of the bloodvessels in the terrapin; any rise in arterial pres-

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sure due to caffeine is, consequently, to be explained only by the stimulating effect caffeine exerts on the heart itself.

TREATMENT OF CHOLERA DURING THE ALGID PERIOD. Dr. Georges Rigoletti attributes the principal symptoms of the algid period of cholera, such as lowering of the temperature of the exterior of the body, cyanosis, change of countenance, inextinguishable thirst, difficulty of respiration, epigastric constriction, hiccough, vomiting, muscular cramp, prostration, general collapse, and paralysis of the heart, to a lack of the normal proportion of water in the blood. Two indications correspond with the symptomatology :—

1. To restore to the tissues their normal water, and to the blood its normal serum, in order that it may perform its functions.

2. To excite the nervous force and to stimulate the heart. To fulfil these indications Dr. Rigoletti proposes the hot bath, containing ammonia and wood ashes.

The bath is prepared with water of a temperature ranging from 100.4° F. to 104° F.; about one quart of aqua ammonia and a sufficient quantity of wood ashes. The duration of the bath is from fifteen to twenty-five minutes, and it may be renewed in the same day, and for many days in succession, according to the case. To avoid the ammoniacal vapors, the patient is so covered as to prevent their reaching the head. The patient, on being removed from the bath, is covered with warm blankets, which favor and maintain reaction. Frictions with camphorated alcohol are also to be practiced, and aromatic infusion of chamomile and spirits are to be administered. If the reaction come on too violently, it is to be moderated by ordinary measures. The efficacy of the bath is more prompt when the algid state is least advanced. The method was used in 1884 with much success in the epidemic at Naples, and the official report as to its value is as follows :—

1. The hot alkaline bath administered at the beginning of the algid period stimulates the peripheral circulation and increases the power of reaction.

2. The nervous forces are strengthened; the patient is so much relieved that many times during the day he requests the bath; the constriction of the epigastrium diminishes and disappears.

3. The pulse, often imperceptible, is gradually strengthened;

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the features become more natural, and the face even sometimes becomes flushed. Anuria almost always occurs in the bath.

4. Diarrhœa continues, but the vomiting and hiccough disappear with the administration of the bath.

5. The ammoniacal vapors excite cough and interfer with respiration, and for this reason it is necessary to protect the patient from them. However, the effect of the vapors is beneficial in that they increase the power of the voice, and render it less rough and more intelligible. In conclusion, the hot alkaline bath is a powerful therapeutic agent in the algid period of cholera, and its effects are most constant.

Dr. Rigoletti concludes his paper by stating that reaction, under treatment with the bath, is always *prompt*, occurring within twenty-five minutes; *complete*, as shown by the disappearance of all algid symptoms, and *constant*, having never failed in twenty-three cases in which the algid condition was treated by its use. He considers it the remedy, *par excellence*, for the period of the disease, and much superior to the intra-venous injections of salt water proposed by Dr. Hayem and to the subcutaneous alkaline injections of hot water suggested by Prof. Cantani.—(*Journal de Mèdecine de Paris*, May 10, 1885., *Am. Jour. of Med. Sciences*).

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Book Reviews.

Article XLII.

A Complete Pronouncing Medical Dictionary: Embracing the Terminology of Medicine and the kindred Sciences, with their Signification, Etymology and Pronounciation. With an Appendix, comprising an explanation of the Latin terms and phrases occurring in Medicine, Anatomy, Pharmacy, etc.; together with the necessary directions for writing Latin prescriptions, etc., etc. By Joseph Thomas, M. D., LL. D., Roy. octavo. pp. 844. [Phila.: J. B. Lippencott & Co. 1885.

The above title describes fully the contents of the work and it is only left us to say that the author has done his work well. Often have we felt the need of an authoritative work on this subject and now that want has been supplied. There is not a physician in the country who does not need a work of this kind; Often at societies and in general conversation with medical men is ones nerves grated upon by the mispronounciation of certain terms; this may now be remedied. That portion of the work treating of the terminology of medicine will be especially valuable to those who were educated before this system came into general use, (in fact it is not in general use yet). By referrence to this dictionary whenever "stuck" the profession at large will become very much better educated, and scientifically written articles will be more acceptable to the average practitioner than they now are.

This book will bring the profession one stride further on in the effort to attain a higher modical education.

Inebriism, a Pathological and Psychological Study. By T. L. Wright, M. D. pp. 222. [Columbus, Ohio: Wm. G. Hubbard. 1885.

Alcohol is thoroughly discussed in this work. We feel certain that if this interesting work could be read by all temperance loving people that, by their example and works, inebriism could be greatly lessened. We commend this work to all our readers.

Tabulæ Anatomicæ Osteologie. Editæ a Carlo H. von Klein,

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Artium Magistro, Medicinarum Doctore. Edito Emendata. Tabulæ XXXII. [Cincinnti, Ohio: Cincinnati Lithographic Co. 1885.

One of the features of this work is that it is written entirely in Latin. Whether this is an advantage or not must be answered by the readers of the book. Those who have had a liberal education will readily understand all the names employed, as the text is entirely marginal and consists entirely of the names used in the study of osteologie, but we doubt whether the majority of our country doctors will know where the *os iugale* is to be found or the *os papy raceum*. The author's motive, educating the profession to the use of one language, is well enough, but we fear that he will not attain what he seeks.

As to the real value of the tables as guides in the study of this branch of anatomy we can not say too much. The engravings are well executed and to those who will not have to consult Andrew's Latin Dictionary they will prove of great value.

A TREATISE ON NERVOUS DISEASES; their Symptoms and Treatment. A text-book for Students and Practitioners. By SAMUEL G. WEBBER, M. D. 8vo. pp. 415. [New York: D. Appleton & Co. St. Louis: St. Louis Stationery & Book Co., 1885.

This is not intended to be a guide for specialists but a condensed text book for those practitioners who have but little leisure to read. Mooted questions have been omitted; reports of cases, always of value to demonstrate the practicability of the authors views in the treatment of cases, have also been omitted. The Author says in his preface: "My own views have been formed from observation and from reading the opinions of others; to give proper credit in every instance might be impossible. The attempt has not been made." Views not backed by authoritative references nor authentically reported cases can not have much weight, unless they are the same views expressed by other well-known authors. Discoverers should always be given all credit due them, for often this honor is their sole remuneration.

While we would not like to say that the author has deliberately been guilty of plagerism, yet we would say that in the future publications over his name he should take care and "Render to Cæsar, etc."

The text throughout is composed more of a compilation of the views of other authors than of original matter.

MOISTURE AND DRYNESS; or the Analysis of Atmospheric Humidities in the United States. By CHARLES DENISON, A. M.,

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M. D. pp. 30. Price $1.00. [Chicago: Rand, McNally & Co., 1885.

This is an essey read before the American Climatological Association, and includes the presentation of a rule of moisture and dryness, by which the climate is evenly subdivided, according to the combined evidences of moisture, together with seasonal cloudiness and absolute humidity signal service charts.

To those who desire a better knowledge of the various climates to be found in this country nothing will prove of greater value than this little work. The maps prepared by the signal service, are numerous and comprehensive. There are but comparatively few physicians who thoroughly understand the climatology of the United States and who can give their patients, suffering with affections of the air passages, the full benefit of a proper climate. A careful study of this book will well repay anyone.

ANNUAL REPORT of the St. Louis Mullanphy Hospital. St. Louis, Mo.

During, the year 2125 patients received treatment at this excellent hospital. The operations, both major and minor, show that excellent work has been done. In all the departments there has been an increase of cases over the number of last year and the results attained have been better. This report shows the faithfulness of the attending physicians and great credit is due them for the excellent results attained. In Dr. Pollack's department, eye and ear, there were 308 eye cases treated, necessitating 97 operations; 148 ear cases, with 36 operations. It is a noteworthy fact that since Sept., 1, 1884, hydrochlorate of cocaine was the only anæsthetic used in ophthalmic and aural surgery, except in inucleation of the bulb. Great credit is due Dr. Pollack for the excellent results attained in this department.

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Books and Pamphlets Received.

Article XLIII.

Consumption and Wasting Diseases successfully treated by "Hydrated Oil," with cases showing the immediate increase in weight produced by it. By G. Overend Drewry, M. D., M. R. C. S. Can be had from Wm. F. Kidder & Co., of New York.

The digestion and Assimilation of Fat in the Human Body. By H. C. Bartlett, Ph. D., F. C. S., [London. J. & A. Churchill.

A Memoir of Charles Hilton Fagge, M. D., late physician to Guy's Hospital. Printed for American distribution by P. Blakiston, Son & Co., Phila.

A Case of double Narcotic Addiction.—Opium and Alcohol. Imbecility, Recovery. By J. B. Mattison, M. D., Brooklyn, N. Y. Reprint *Canada Lancet.*

The Prevention of Opium Addiction, with special reference to the Value of Galvanism for relief of Neuralgic Pain. By J. B. Mattison, M. D. Rept.

Malaria in Children. By J. P. Kingsley, M. D., of St. Louis. Reprint *Courier of Med.*

Diviation of the Nasal Septum. By J. W. Gleitsmann, M. D. Reprint *Amer. Jour. of the Med. Sciences.*

An Address on Cholera Infantum. By Wm. Perry Watson, A. M., M. D., Jersey City, N. J. Reprint *Arch. of Pediatrics.* [Phila.: John E. Potter & Co., 1885.

Treatment of Zymotic Diseases by Syrups and subcutaneous injections of Declat's Pure Nascent Phenic Acid and topical treatment by Declat's Glyco Phenique. pp. 64. New York: The Declat Manufacturing Co., 86 Warren Street. Publishers.

A copy of the above book will mailed to any physician who will send name and address on a postal card to the publishers.

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THE SAINT LOUIS
Medical & Surgical Journal.

VOLUME XLIX——October, 1885.——No. 4.

Original Contributions.

ARTICLE XLIV.

A SUCCESSFUL CASE OF HYSTERECTOMY. By REYNOLD W. WILCOX, A. M., M. D., of New York.

At the present time some apology seems to be necessary when one adds, to the already overburdened literature, the report of another successful case of abdominal section. But since this operation has passes out of the hands of the gynecologists, since no longer is the privacy of the abdominal cavity respected even by the general practitioner, all points connected with the operation should be carefully weighed that no one may entertain the propriety of performing this operation unless he has fully considered all contingencies that may arise as well as the treatment suitable to meet them. The fact that this operation was successful was not the motive for reporting it, but to call attention to matters of detail usually lost sight of in the presence of other and to the surgeon, more important subjects for consideration.

The patient Mrs. J. E.—came under observation Nov. 1st, 1883. Her age was forty-one, she had borne two children during a married life of fifteen years, had had two miscarriages, both of them since the birth of the last child, eleven years ago. The labors were normal. Her menstruation was regular in time, lasting three days, with normal flow, but some pain in the back before its appearance. For the last two years she had remarked an increase of size but considered it to be due to an increase of flesh. The tumor was discovered on examination about six months previous. For the last year had noticed some emaciation but no very great failure of health until six months ago, when she complained of loss of appetite. No other dis-

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ease was detected. Her chief annoyance was caused by the bulk of the tumor.

The operation was performed on Sept. 5th, by Dr. B. F. Dawson, assisted by the writer. The tumor was a multilocular, papillomatous ovarian cyst, the solid portion weighing five and one-fourth, the fluid contents eleven and one-half pounds. The mass was, in the main, divided into three cysts, each containing thick purulent fluid. There were many adhesions to the small intestines which were dissected off by the handle of the scalpel. There was found also a large surface of firm adhesion to the fundus and posterior surface of the uterus from which the tumor could not be detached. A Dawson clamp was placed around the uterus at the cervico-corporeal junction and the mass with the body of the uterus cut off. All adhesions were thoroughly cauterized with the actual cautery, especially on the left of the uterus and on the small intestines, some places also being ligated.

The most scrupulous cleanliness was observed by all concerned in the operation but no particular attention was paid to antisepsis. The writers observation in a large number of abdominal sections that he has witnessed by almost every prominent ovariotomist, leads him to believe that each operator should look to himself rather than to any particular mode of antisepsis when he seaks to exylain his fatal cases. A prominent feature of this operation was the use of perfectly clean, but wet towels, not only to thoroughly envelope the tumor at the various stages of its extraction, that none of its contents should enter the abdominal cavity, but as well to protect the sides of the incision from contact with the tumor and, indeed, to prevent any oozing from the cut surfaces from entering the peritoneal cavity. As usual, other frequently renewed towels were used to keep the surface of the abdomen warm.

The treatment of the peritoneum is very important when the pedicle must be retained without the abdominal cavity, and when in addition, as in this case, a drainage tube must be used. The writer had occasion to examine, *post mortem*, a number of cases of hysterectomy, in which the pedicle had been treated extra-peritoneally and in all, so far as he can remember, there were collections of either blood or pus between the stump and the edges of the incision and sometimes these collections extended to a considerable distance laterally, so that had the patients

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recovered, their convalescence would have been protracted by mural abscesses, conditions too often lost sight of by the operator, their importance being too little appreciated. And, indeed, the opportunity for the formation of ventral hernia is thus afforded. In this case the peritoneum was brought up and fastened to the skin by interrupted sutures, around both the drainage tube and the pedicle. Although, this at first sight might seem to produce a structurally weak abdominal wall yet the final result would be, as shown, firm parietes. Deep sutures of silver wire were passed through the pedicle and walls and other sutures were used as in an ordinary case. The clamp seems to present some advantage when it is intended as a portion of the the permanent dressing, since the pedicle is compressed so that its longest diameter presents in the line of the wound. The jaws are so constructed that the circulation is not entirely obstructed, thus permitting a slow separation by dry gangrene, giving less opportunity for septic infection. A glass drainage tube was inserted in the lower angle of the wound and the pedicle was touched with pure carbolic acid.

The operation lasted two and one-half hours, the patient's condition calling for several hypodermic injections of brandy during it. She reacted well. During the evening considerable bloody serum was removed from the drainage tube.

Second day: The temperature varied from 101° to 102°, the pulse 118 to 132, very week. Enough opium was given to relieve pain and the patient was nourished and stimulated by rectal enemata. Both the head and abdominal Lister coils were kept on. Quinine also was administered by enema. The urine contained many granular, large and small, some hyaline casts, a small amount of albumen, some puss. On account of the weakness of the pulse, it was thought best to increase the brandy to three ounces daily. Marked tympanitis was present. Still considerable discharge removed from the tube.

Third day: Some improvement in the character of the pulse, urine unchanged, except less pus, temperature $100\frac{4}{5}°$ to $101\frac{2}{5}°$, pulse 118 to 122. Less serum in tube.

Fourth day: The temperature had fallen to $99\frac{4}{5}°$, pulse to 106. Both coils were removed, to be replaced when the temperature should again rise. Some quinine deafness, so that quinine was diminished one-half and salicylic acid substituted for it.

Fifth day: Milk and lime water by the mouth, seltzer.

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Sixth day: Temperature 100⅘°, pulse 94, patient very comfortable.

Seventh day: Temperature is steadily rising. The discharge from the tube is slightly yellow, turbid, no especial odor. On microscopical examination many leucocytes are found. The patient complains of pressure about the heart, numbness of left leg and arm. Some difficulty of speech, no deviation of tongue, pupils were normal. Suppuration was evidently taking place under the clamp and the pus was finding its way into the abdominal cavity along the side of the tube. The clamp was removed and a support devised to prevent the pedicle from falling downwards into the abdominal cavity and rupturing the adhesions between it and the sides of the wound.

This support is due to the ingenuity of Dr. Dawson and this was the second case in which it was employed. An Albert Smith retroversion passary of the largest size was moulded into the form of a Grailey-Hewitt anteversion pessary as modified by Thomas, except, of course, the transverse bar is wanting. A strong doubled silver wire is passed under the clamp, around the pedicle and twised. The clamp being removed, the passary, moulded as described, is placed over the pedicle, the two ends resting upon the abdominal walls on either side of the line of incision and the four ends of the wires carried over and around the highest of the sides of the passary, or, if a large sized Grailey-Hewitt be employed, over the bar, and secured by twisting the ends together. Thus the pedicle is held firmly and easy access is permitted for dressing.

From observation of this and other cases it seems that it may happen that the clamp is left in position too long, so that the wound secretions may be retained under it. Naturally the clamps that entirely shut off the blood supply in the pedicle fall off earlier, it may be too early for a firm union of pedicle to the abdominal wall.

The temperature gradually diminished, reaching 100⅕°, the pulse to 92.

Eighth day: Some sutures removed, patient comfortable.

Ninth day: Salicylic acid omitted. An impervious wall of lymph having probably formed about the drainage tube so that the general peritoneal cavity is shut off and no serum having been found in the tube of two days, it is removed. A roll of iodoformized cotton being substituted and twice removed.

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Tenth day: Some elevation of temperature caused, presumably, by a mural abscess.

Twelfth day: Solid food. The place in which the tube was situated has entirely closed. Some discharge of mucus from the vagina. Ordered douch to be given. Temperature 99⅘°.

Fourteenth day; To be nourished entirely by the mouth.

Nineteenth day: The pessary support removed. The mumified portion of pedicle retained in the grasp of the silver wire separated dy the Paqueline cautery.

Thirtieth day: Is sitting up. Wound practically healed.

Fortieth day: Discharged from observation, perfect recovery. The patient now weighs as much as before the operation. Abdominal wall firm.

Eighteen months after the operation, the patieut reported herself without an ache or a pain, in perfect health.

New York City. September, 1885.

ARTICLE XLV.

ELECTRIC TREATMENT OF URETHRAL STRICTURE. By S. T. ANDERSON, M. D., of Bloomington, Ill.

In writing a few words about the electric treatment of urethral stricture, I cannot claim originality of method, but knowing how electricity has been misused, and debased in public estimation by medical sciolists, I have thought the results obtained in a few interesting operations performed by this strange potency, might form the basis of a profitable study for my professional brethren and stimulate the more ambitions ones to emulation.

Presuming the method to be fairly known, I will, in this statement, confine myself to a few of the cases treated.

Case 1. H—, aged about 30. Had a stricture developing slowly for a long time, until catheterization became needful and, later, impossible.

His physician informed him that the catheter could no longer be introduced, but the patient, not crediting the statement, and believing the doctor did not use sufficient force, made an effort

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to introduce a metallic catheter, which he forced backward, making an opening into the rectum.

In this condition he applied to Dr. Wm. Hill a surgeon of this city who brought the man to my office July 18th, 1884.

On account of the passage made into the bowel, we thought proper to administer chloroform, and then a No. 17 French, electrode slowly decomposed the stricture, and entered the bladder in twenty minutes, under a cautiously increased current from fifteen moderately charged cells.

The electrode was slowly withdrawn, more fully absorbing the stricture tissue, and making the passage quite easy for the No. 17 instrument. So soon as the chloroform effect had sufficiently subsided the patient went out on the street. He passed, unaided, a good stream of water about an hour after the operation.

No blood was lost in the operation except that a few small clots escaped with wind from the rectum.

The only complication learned of was, that a few days after returning home to a neighboring village, he had an orchitis which was treated by the local physician, and the man remains well to this date, fourteen months after the operation.

Case II. This gentleman had a stricture for eight years, and a second one about four years. The older stricture was located seven inches from the external opening, and the other, an inch and a half.

A No 8. French sound would pass the lesser stricture but *nothing* could be made to enter the bladder.

He was obliged to rise for urination several times nightly, the urine slowly dribbling away from five to fifteen minutes, he said, and his cloths were constantly soiled by the oozing of urine by day.

He was much emaciated and quite nervous, and yet, I operated successfully, without chloroform, March 25th, 1885.

Finding the battery quite weak the current was gradually raised to sixteen cells, and the electrode bougie, No. 14, French, worked its way into the bladder in thirteen minutes. I applied no force from my hand.

During this time the patient lay on my operating chair, conversing with me and said he felt no pain.

On begining to arrange his clothing he expressed a desire

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to pass his water, which I afforded him the convenience for doing in the operating room.

As the urine flowed away in a good, clear stream, he brought his fist down on a table violently, declaring he would not take a million dollors for such a sensation as he had not experienced for years.

Because he was quite feeble, I allowed three weeks to pass before operating again.

I now used bougie No. 17, French, which, without force, passed through the strictures and into the bladder, under the current from eleven cells, in eight minutes, and was made to further absorb each stricture by re-engaging before removal. I have not seen the patient since July 5th, but I have good reason to believe he remains cured, as he clamed to be before his departure from the city.

Case III. E. aged 40. By an accident he received an injury to the head and spine, growing out of which there was at times, inability to void his urine, so that the catheter became necessary and its use was followed by inflammation, especially in the anterior portion of the canal.

A No. 15 would enter the orifice to about half the length of the olive tip, but through the remainder of the glans a No. 5 French would barely pass.

An operation was attempted May 5th, 1885, but my electrodes would not pass freely without too much force, and when he came again, July 18th, the stricture could not receive anything larger than No. 5. French, not larger than a hair-pin wire.

He had, however, derived temporary benefit from the operation. I carefully used a No. 6 electrode, with four cells, and August 7th, a No. 8, with four cells. These operations gave much relief, but as he could only come at irregular intevals, the time of treatment has been somewhat prolonged.

At present a No. 11 will pass with careful motion, and the man's health is improving finely. I shall enlarge the calibre once more, but the dense tissue of the glans seems more easily irritated than the softer parts, and, I think, contracts more, so that I am more than usually cautious.

Case IV. Mr. F. Has a stricture over four years, in posterior part of the canal, and one partially developed in the middle of the urethra.

I will confine myself to the older obstruction. It had been

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cut and dilated, but healed, leaving an irreglar channel. I could by tedious manipulation, engage the point of a No. 8 sound in the oblique passage, but could not, without force, enter the bladder.

The urethra was exceedingly irritable and a sound could hardly be made to pass the numerous pockets along the passage.

The patient gave a history of sounding and dilatation which was annoying indeed.

On August 8th, 1885, I operated with an electric current from seven cells, and with a No. 9 instrument, giving considerable relief, but did not freely open the channel. He came again Sept., 13th, desiring a speedy cure, expecting soon to go away.

Because of the extremely unfavorable passage, I decided to have Dr. Hill join me in this operation, and to give an anæsthetic. Now a No. 12, French, bougie with eleven cells was made to absorb the strictures so that passage of the instrument became quite easy.

As soon as the gentlemin was fully awake, he went to his office to do some writing, and when I saw him four days later he was doing well, and said he had had no trouble. To-night, seventeen days after the operation, he telephones me, "doing first rate, no trouble."

The special advantage of this method are apparent, yet I may mention two or three.

1st. Chloroform or ether is seldom necessary.

2nd. No hæmorrhage.

3rd. Usually no pain.

4th. Ordinarily it does not interfere with business. I operated on a railroad engineer in the afternoon, and at midnight he took his regular trip.

So far, no failures have occurred.

Durley Theater. Bloomington, Ills., Sept., 1885.

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Article XLVI.

Pelvic Hæmatocele.* (Extra-Peritoneal). By N. Guhman, M. D., of St. Louis, Mo.

In the morning of the 10th of April, about 7 o'clock I was called to see a lady. The patient complained of a continued straining and pain about the rectum and vagina. She was delivered of a child about four o'clock on the same morning, it was her second childbirth. I made a digital examination, per vagina and rectum, and found a tumor posterior and on the median lines of the vagina, I did not know first with what kind of a tumor I had to deal, until I made an occular examination. I found that the tumor protruded somewhat from the vagina over the peritoneum and on the external outer part of the tumor there was an abrasion, and a superficial rupture through the skin of the peritoneum, which looked to me as though the bleeding and formation of the tumor had been going on during labor, and before the birth of the child. The women looked pale, breathing rapid, was very weak, and she was inclined to faint, and her stomach was nauseated. The bladder was full and distended, I introduced a catheter and drew off about three pints of urine. I gave her a small piece of ice with brandy and lime water. I prescribed suppositories of opium and Ol. theobrome and morphia sulphatis, with bicarbonate of soda in aqua menthi viridis internally. Used hot water with listerine injections in the vagina, and local applications of hot water and listerine over the vulva and rectum, I visited the patient about eleven o'clock on the same morning, I found the vagina and rectum completely filled up with the tumor so much so that I could hardly introduce my finger in the vagina, and could not reach the uterus. I got a little alarmed, and I asked her mother for a consultation with a surgeon, (her husband not being at home) which I could not get, on account of the indifference and ignorance, I may say, of her husband and relations, they were not so

* Read before the St. Louis Medical Society, Oct., 17th, 1885.

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much alarmed as I was. I made my third visit about five o'clock on the same day, I found the bleeding had ceased, the women felt more comfortable, I drew off her urine and continued my former treatment.

On the 21st, she had a little fever, some tenderness over the abdomen, the tumor was not diminished, could not pass her urine, I gave her quinine with powdered opium, and warm applications over the abdomen, continued washing out the vagina, and local applications over the vulva and rectum, and also suppositories. During the night of the 22nd, I was called to see her, she suffered considerable with pain over the abdomen and tenesmus of the vagina and rectum, there was more tenderness and distension over the abdomen, with increased fever, pulse was about 130, temperature about 104° and tongue dry, which I thought was due to septic poisoning from the absorption of the contents of the tumor. I told her husband that I would not treat her any longer unless I could have a consultation with some physician. Next morning, on the 23rd, Dr. Yarnell was called in, he thought it was the largest Hæmatocele he ever met with, and it would be the best to send for Dr. Gregory. I and Dr. Gregory visited the patient about 11.30 o'clock that same morning, and to my astonishment when Dr. Gregory made an examination the tumor had bursted and the whole vagina and bed was full of grumous and coagulated blood of a very offensive character. We syringed the vagina out with warm water and borax, and continued this every two hours. After this the women was considerably relieved, her fever abated, and in about eight days after the tumor had burst there was nothing to be seen except the cicatrix. After Dr. Gregory made the examination I remarked to him what a good Doctor nature is, he said nature and time were his best friends.

In the beginning when I saw the lady first and knowing that the hæmorrhage was going on, the question arose in my mind if it would not be better to open the tumor and stop further hæmorrhage either by compressinn or styptics. The same important question came up when the pulse ran up to 130 and the temperature to 104°, all the symptoms of septicæmia. Whether the accumulated blood should be left for removal by nature or evacuated by surgical means. As it happened in this case nature came in time to accomplish the same result that surgical operation would have done.

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Article XLVII.

Editorial Department.

Frank M. Rumbold, M. D., Editor and Proprietor.
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The Journal has been late in coming out for a few months past, owing to circumstances uncontrollable. The November and December numbers will also be somewhat late, but from January 1st, 1886, the Journal will be issued on time, as we are at present completing arrangements that will enable us to have our work done promptly.

NOTICE TO DELINQUENT SUBSCRIBERS.

While it is true that the past year has been unusually "hard," and that unjustly, the physician and "friend in times of sickness" has been "stood of" more than is wont, yet it must be acknowledged by our delinquent subscribers that we have been more lenient than usual in pushing our claims on them. The past year has been a hard one on journalists and journals in general and we must now insist that all back bills be payed *at once.*

If you are still hard pushed for money, send in the names of some new subscribers and in that way "wipe out" your debt and show that you want to do the best you can.

[See Inducements to Subscribers].

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INDUCEMENTS TO SUBSCRIBERS.

As we are nearing the beginning of another year, when physicians will make up their list of Journals for the year, we make the following propositions to our subscribers:

To any one of our subscribers who will forward us the names of two new subscribers with $4.00, we will give the JOURNAL for 1886 FREE, or apply two dollars on his bill, if he is delinquent.

Any subscriber who has paid or does pay his subscription in advance for 1886 and who sends in new names with the money will be credited with $1.00 for each and every such name, which credit he can use in ordering any instrument through us.

The fact that THE JOURNAL is almost entirely filled with original matter, a great part of which is editorial, the starting of the series of Articles on Microscopical Technology, noted elsewhere, which will be of incalculable value to the general practitioner, the widening of our *therapeutical department*, and the general fund of useful and practical knowledge contained in each number, ought to make it easy for each and every subscriber to obtain two, or at least one, new subscriber by a very little exertion on his part, and in doing so, render a material help both to himself and the JOURNAL.

ARTICLES ON DERMATOLOGY.

The study of dermatology is a comparatively recent one and the majority of the readers of medical journals have, as a body, studied but little and read still less upon this branch of medicine. Fully realizing the difficulties attending the requirement of a full knowledge of the subject, yet wishing to disseminate information upon it, the JOURNAL proposes to publish a series of short practical articles upon the subject of skin diseases. The main feature of these article will be their usefulness to the general practitioner to enable him to distinguish and treat the simpler forms of skin disease which may come under his observa-

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tion. The first article of the series will appear in the November number.

MICROSCOPICAL TECHNOLOGY.

To elaborate at present upon the value of the microscope in medicine would be a sheer waste of time, space and printer's ink. It is an acknowledged fact that the physician who cannot, or does not avail himself of the aid of this instrument, fails to make use of the most powerful adjunct to correct diagnosis that has ever been put into the hands of the profession from the days of Hippocrates to the present. And yet how many practitioners are there who habitually consult the microscope and bring its revelations to bear upon the questions of diagnosis daily arising in their practice? How many good instruments and elaborate outfits of accessories, whose owners having exhaustad their stock of purchased preparations, there are which are now kept under a glass case as office ornaments and are rarely or never looked into! The one prime reason for this state of things is the fact that so few physicians have had an opportunity to learn, practically, how to prepare objects for examination. The text books on microscopical technology which are really worth anything (like Carpenter's, Beale's, Frey's, etc.) are so voluminous that they discourage the beginner at the very outset and most of them presuppose some knowledge of the work. The so-called elementary works, "primers of microscopy" etc., are utterly valueless, having been written, as a general thing, by amateurs for amateurs or children. These considerations have determined us to present to the readers of the MEDICAL AND SURGICAL JOURNAL, a series of articles of an elementary yet strictly scientific character, which will enable anyone with the least application to make a good microscopical mount, or slide, as it is technically termed. Every operation from the preserving of the raw material to the finished and labelled slide, including staining, section-cutting, etc., will be given in full, the writer presupposing no acquaintance whatever, on the part of the rea-

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der, with the work in hand. The first of this series will be found in our Microscopical Department in the present number and the articles will be continued from month to month until completed—the entire course running through ten or twelve numbers.

ARTICLE XLVIII.

Medical Progress.

THERAPEUTIC NOTES.

AGARICIN FOR NIGHT SWEATS.—Pribram states in the *Med. Chem. Centralblatt* that the most profuse hyperidrosis is checked as though by magic by the exhibition of a single dose of one centigram of agaricin. The remedy seems to operate by diminishing thirst and increasing the secretion of urine. The dose is from $\frac{1}{8}$ to $\frac{1}{4}$ grain and may be pushed to the extent of one grain in 24 hours.

FOR EARACHE.—Mouré, in the *Revue d' Otologie*, etc., gives the following mixture:

℞ Sulphate of atropia.....part 1
Muriate of morphia..... " 2
Neutral glycerin..... " 150

A few drops to be introduced into the external auditory canal.

A NEW NERVINE.—Erythrine, the alkaloid separated from *erythrina corallodendron* by Bochefontaine and Rey, and of which I have already made note in this column, has been found to possess the sedative qualities ascribed to the plant, in a very high degree. Clinical experiments made upon lunatics and patients suffering with acute mania have demonstrated it to have a directly calmative power of a high order. The tincture of the plant was also found valuable in the same direction.

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HÆMORRHOIDS.—Duval gives, in the *Centralblatt fuer die gesammte Therapie*, the following formula for an application to hæmorrhoids:

℞ Unguenti camphorati.....ʒ 1
Pulveris gallarium..... grns. 15
Plumbi acetatis ..... " 15
Extracti belladonnæ..... " 8; Mix.

Sig.—Rub on the hæmorrhoids four times a day.

HYDROBROMATE OF QUININE.—In a communication to the *Medicinische Wochenschrift*, Dr. Maximowitsch states that he made a large number of comparative tests of the therapeutic values of the different salts of quinine, and that he unhesitatingly gives the place of honor to the hydrobromate, which beside containing much the highest percentage of the alkaloidal base (75 to 76 per cent) is easily soluble in water, is readily absorbed, and so far from producing the disagreeable sequelæ of the sulphate has a positive sedative action.

SPERMATORRHŒA TREATED BY HYDROBROMATE OF HYOSCINE.—Dr. Horatio Wood in the *Therapeutic Gazette* states that he has succeeded in arresting spermatorrhœa in several instances by the administration of hydrobromate of hyoscine in doses of $\frac{1}{75}$ grain, administered by the mouth, at bed time. Unfortunately the relief is only temporary, the nocturnal emissions recurring as soon as the remedy is pretermitted. Dr. Robinson, physician to the Eastern Penitentiary, at Philadelphia, has also had good results with the drug in this direction. The most marked benefit was derived from its use in a case of erotomania in a female convict. Further experiments are being made with the remedy by both gentleman.

A NEW SPECIFIC FOR GONORRHŒA.—This time it comes from Japan, where it is said to have been used from time immemorial, and it is called by the tongue-testing name of tsuchiakabi. It consists of the fruit capsules of a species of orchid. These capsules have an acid, slightly bitter, but not unpleasant taste, and contain a large amount of a gelatinous or mucilaginous matter that is readily soluble in water. An extract which possesses all the virtues of the drug is easily made by digesting the capsules in alcohol of 90° to 95°, and evaporating the spirit.

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The residual extract consists of a resin, vegetable acids, and a bitter glucoside, the latter being probably the medicinal element to which the drug owes its virtues. American physicians resident in Japan claim that *tsuchiakabi* possesses properties analogous to cubebs and copaiba, and that it it much to be preferred to either of them on account of its agreeable smell and taste.

CALOMEL AS A TOPICAL APPLICATION.—In explanation of the fact that the specific constitutional effects of mercury are constantly noticed to follow the topical use of calomel as an exsiccatory upon the moist syphilides, Fuerbinger has written a communication to the *Zeitschrift fuer klinische Med.* stating that the phenomenon is due to the cutaneous absorption of bichloride of mercury, into which a portion of the calomel is converted *in situ.* In proof of this statement Fuerbinger tested the washings of ulcers to which calomel had been applied, by adding to the fluid a solution of potassiun iodide which caused an instantaneous and copious precipitation of mercuric iodide. It is doubtless this specific action which, combined with its exsiccatory powers, makes calomel so precious an agent in the treatment of syphilitic skin diseases.

MERCURIAL SOAP.—Everyone has had occasion at times to "bless" (euphemistically speaking) the old mercurial ointment of the pharmacopœias, and hence will note with pleasure the communication of M. Yvon, the well-known French pharmacist, in *Le Scalpel.* M. Yvon proposes to replace the lard now used in makiug the ointment with black soap. One part of the soap takes up three parts of mercury in the most perfect manner and does it more rapidly than lard. The advantages of an ointment made by the new process are many and important. The soap obliterates the mercury more completely than lard; it keeps for an indefinite period, neither separating nor rancidifying; it retains its plasticity at all seasons, neither becoming too hard in winter, nor liquifying in summer; it is non-irritant to the tenderest skin, and last, but not least, being perfectly soluble in water, it is removed from the skin by simple washing.

HABITUAL CONSTIPATION.—Granville admits of three forms of this condition. The first, he claims is due to atony of the intestinal muscles, the second to a deficiency of biliary secretion

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and the third to irregularity of habit in the patient. The treatment of each condition depends upon the cause. In the first case he recommends that the patient take a teaspoonful of the following before the midday meal:

℞	Valerianate of sodium	gr. v
	Tincture of nux vomica	f. ʒ ij
	Tincture of capsicum	f. ʒ iij
	Syrup of orange peel	f. ℥ j
	Water, sufficient to make	f. ℥ vi

In the second contingency, which manifests itself by clayey, dessicated stools, the following is recommended

℞	Alum	ʒ viij
	Tincture of quassia	f. ʒ viiss
	Infusion of quassia sufficient to make	℥ v

Sig. Tablespoonful two or three times a day.

The third form is combated by going regularly to stool, at a certain hour every day. The following will also be found useful:

℞	Carbonate of ammonium	ʒ j
	Tincture of valerian	f. ʒ viiss
	Camphor water, to make	f. ℥ viij

Dose one tablespoonful three times a day.

SALICYLATE OF SODIUM OINTMENT.—As pointed out in a former article in this department, a remedy whose therapeutic action depends upon cutaneous absorption, should never be exhibited in combination with vaseline—a vehicle which being itself rejected by the skin simply serves to envelope and entomb, as it were, the virtues of the medicament which is mingled with it. It is probably due to the ignorance or disregard of this fact which prevails among American practitioners, that topical remedies which are highly extolled by French and German physicians (who do not make such universal use of vaseline) are found to fail when tried by us. The topical use of sodium salicylate in acute rheumatism and neuralgia, and in certain cutaneous diseases, is a case in point. Rubbed up with vaseline and applied to the affected parts it will be found to be absolutely inert; whereas when made into a liniment or ointment with easily absorbable vegetable or animal fats it frequently affords marked relief. M. Vigier, the well-known French pharmacist,

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communicates to the *Gazette Hebdomedaire de Medicine* the following formula for an ointment of the salicylate which is said to yeild the very best results:

℞	Sodii salicylatis, crystal.....	10.00 gr.
	Adipis.....	10.00 gr.
	Aquae destillatae.....	5 ccm.

Put the lard in a mortar, and with the pestle spread it into a thin layer around the walls. Dissolve the salicylate in the water, and add the solution, little by little, to the lard, rubbing each portion well up as it is added. M. Vigier lays stress upon the spreading of the lard in the mortar before adding the solution, as in this manner a thorough union of the ingredients is attained, and the ointment is rapidly and elegantly prepared.

I have lately used a modification of this ointment in prurigo and itching skin diseases, with the happiest results. This modification consists in incorporating from two to four grains of sulphate of morphine, or a like amount of hydrochlorate of cocaine to each ounce of the ointment.

ETIOLOGY AND TREATMENT OF IODISM.—Ehrlich communicated to the *Charité Annalen* of a recent date (1885, page 129) a monograph on the etiology and treatment of iodism, of which I make the following condensed translation: If we will remember that the saline nitrites in the presence of weak acids (like carbonic acid, for instance), have the property of decomposing the iodides and setting iodine free, we can understand how the presence of an acid reaction and of the nitrites in the mucous membrane of the nostrils constitutes a predisposition to iodism. If either element be absent there will be no iodism, a fact which explains the frequently observed phenomenon of the restriction of iodism to one nostril. The author, after the determination of this fact, conceived the idea of a rational method of combating the condition by the introduction of substances which decompose the nitrites and enter into an energetic combination with the nitrous acid. To this class of substances belong all of the aromatic amines, anilin, etc., which are converted by the nitrous acid into the easily decomposed dinitro bodies. As anilin is poisonous the author chose the harmless sulphanilic acid, which may be administered in high doses without fear of hæmoglobinuria. After the administration of this remedy in doses of

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from four to six grams (from a drachm to a drachm and a half) he found that in about fifty per cent of the cases experimented upon, iodism ceased suddenly and completely. The influence of the drug is evanescent and for this reason he recommends that when a course of the iodides, or of iodine, is begun, and which it will be necessary to maintain for any length of time, the patient should also be given sulphanilic acid, in doses of from 45 to 60 grains every other day. The acid should be given in solution, which should be effected by the addition of two parts of sodium carbonate to each three parts of acid. Where iodism has already set up, the dose should be double the amount suggested above. Furthermore, since according to Rochmann the nitrites can be eliminated from the system only when nitrogen is brought in contact with the organic oxides, a mode of life and diet can be prescribed to the patient which will prevent the elimination of these salts, and thereby avert the tendency to iodism. A partial milk diet with the addition of meat and white bread, which contain no nitric acid, would answer these requirements.

Krone writes to a later number of the *Annalen* (page 177) that having had a number of opportunities of practically testing the theoretical deductions of Ehrlich, he had proven their correctness by having the iodism cease immediately upon the administration of one full dose of sulphanilic acid, as recommended above. As the effects of this dose wore off iodism reappeared, only however to be as suddenly checked by the administration of another dose of the remedy.

[Sulphanilic acid is the product of $SO_4\ H_2$ on aniline, and is known in the older chemistries as sulphindigotic or sulphindylic acid. F. L. J.]

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins of the French and German Societies, and Academies.

THE HEREDITARY TRANSMISSABILITY OF PATHOLOGICAL IDIOSYNCRACIES was the subject of a polemical wrangle at the 58th General-versammlung Deutscher Naturforscher und Aerzte between Virchow and Weissman. In an earlier part of the sessions of the Congress Prof. Weissman read a paper taking ground against such transmissability. Virchow, at a later ses-

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sion, attacked the conclusions of Weissman with his usual vigor of diction, and declared that no one who had investigated the subject could possibly doubt the heredity of pathological idiosyncracies. Especially liable to transmission from generation to generation are (according to Virchow) discolorations of the skin, abnormalties in the hair, etc. The discussion is likely to be continued in the journals, as both professors are exceedingly polemical.

THE VASA VASORUM.—Victor Plotnikow having made 2400 serial sections of injections of the vasa vasorum of the aorta, and of the iliac, femoral, brachial, radial and cubital arteries, after most patient and thorough study under the microscope, states that the tunica adventitia is alone supplied with these vessels. The tunica muscularis has none, except in the aorta, in which certain branches of the vasa of the adventitions tunic penetrate the muscular tunic. The nourishing vossels show themselves in the muscular tunic only when the internal tunic show traces of endarteriitis, or when there is a normal thickening of the inner tunic, as in the iliac. In the same manner wherever there is a thickenig of the muscular tunic the capillaries penetrates it in order to answer its demands for nutrition. *St Petersburger Medicinische Wochenschrift.*

GASEOUS CYSTS OF THE VAGINAL PARIETES.—Chiari in a monograph published at Prague (Delle Cisti gassose delle Pareti vaginali) states that he has observed two cases of gaseous cysts which had formed in the vaginal parietes, and had, beside, had the opportunity of studying certain anatomical preparations of Eppinger, in the museum at Prague, which contained similar cysts. They consist of minute cavities or groups of vescicles situated upon the superficies of the mucous membrane, the connective tissue, and along the tract of blood vessels. On puncture the gaseous contents escape. The phenomenon seems to be one attendant upon pregnancy solely. Writers who had made mention of it had given various names to it, none of which were applicable or appropriate. Bahn in 1877 published a case in which he found similar gaseous cysts in the intestinal parietes.

THE PRESSURE OF PATHOGENIC GERMS in the human system during health was the subject of an interesting and important

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essay from M. Chauveau, read before the Congress of French Physicians recently held at Grenoble. The author maintains the existence of these germs in the blood of persons in robust health and claims that they remain in a passive or inert condition until some accident calls them into pathological activity. It is impossible, says he, otherwise to account for certain inflammatory phenomena. It will be remembered by the readers of the Microscopical Department of the JOURNAL that this position was taken by Dr. Ephriam Cutter, of New York, in a paper read at the Rochester Meeting (1884) of the American Society of Microscopists, on the Rheumatic Diathesis. Dr. Cutter's paper was a very logical one, and attracted wide-spread attention at the time. He took the identical position now assumed by Chauveau *i. e*; that the pathogenic germs of rheumatism and allied affections existed in the blood of persons in the enjoyment of perfect health, but that any slight functional derangement or accident might incite them into inflammatory activity.

EPITHELIAL DEGENERATION ON THE SITE OF OLD FISTULAS.—At the Congress of Grenoble, Dr. Petit called attention to a phenomenon fortunately not very frequent, but one which occasionally presents itself in patients between the ages of 40 and 60 years who in youth suffered from buccal, anal and urinary fistula, viz: an epithelial degeneration assuming the form of cancer upon the site of these ancient lesions. This may happen ten, twenty, thirty or even forty years after the healing of the original lesion. The author regards such events as the result of a predisposition to cancer, which developes itself along the line of least cutaneous resistance. He cited several cases in point, and stated that the degeneration may assume one of two forms, viz: a relatively benign epitheliomatous lesion, which does not become general, and a true malignant epithelioma, accompanied by constitutional degeneration of the ganglions and viscera, which terminates in cachexia and death. The diagnosis of such degeneration is extremely difficult to make, partly on account of the rarity of the affection and obscurity of exciting causes. This is especially the case where the perineum or rectum is the site of the attack.—La France Medicale, Oct., 16th, 1885.

[I have seen one case of true epithelioma occurring on the scar of an anal fistula which had been healed for more than seven years. F. L. J.]

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ABSORPTION OF MEDICINES SPRAYED UPON THE SKIN.—Valentine Juhl has communicated to the *Deutsche Archiven fuer klinische Medicin* the results of an extensive study of this subject. The following is a condensed translation of his conclusions: The question of the cutaneous absorption of medicines delivered in the state of fine comminution by means of the atomiser has been variously reported upon by Roetrig, Fleischer, Von Wittich and others. The results have been very contradictory, Fleischer and Von Wittich reporting adversely while others have maintained that the skin does take up medicements so delivered. I have undertaken a series of new experiments with ferrocyanide of potassium, tannin, salicylic acid, salicylate of sodium, iodide of potassium, and tincture of iodine, and have satisfied myself beyond a chance of doubt that the healthy skin is absolutely permeable to these substances in either aqueous or alcoholic solution. The penetration of the alcoholic solution is more rapid and sure, however, than that of the aqueous. As to whether this absorption is the work of the sudorific glands, as maintained by Roetrich, or of the epithelium, as suggested by Wittich, I am inclined to side with the latter. When the healthy skin is rubbed with a solution of cupric sulphate and afterward examined with the microscope the intercellular spaces are found to be tinted blue. I cannot doubt that a similar penetration is secured by other medicaments in solution when projected against the skin in a state of minute subdivision and with a center degree of force. Under these circumstances they pass through the deeper epithelial layer directly into the circulation.

ARTICLE XLIX.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

INDIGO CARMINE.—This blue, which is one of the most use-

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ful stains in double tinting of histological specimens, when made by the old process requires a good deal of manipulation and the use of considerable laboratory apparatus. In the *Chemisch-technischer Anzeiger* M. Mosel gives an ingenious process which enables any one to make it without any special apparatus. It is as follows: After the indigo has been treated in the usual manner with sulphuric acid and nentralized with an alkaline carbonate, it is poured on plates made of plaster of Paris. In the course of 12 hours the gypsum will have absorbed the sulphuric acid, leaving the indigo carmine upon the surface of the plates, whence it may be scraped in the shape of a powder. The gypsum plates are made by mixing up the plaster of Paris with water, pouring into an old box cover or other mould and leaving until thoroughly set. The plates should equal the amount of sulphindigotic fluid in bulk, and be quite dry before using.

ELEMENTARY MICROSCOPICAL TECHNOLOGY.

I.

Microscopical technology is a description of those processes and appliances by means of which objects are prepared for examination under the microscope and permanently preserved for future reference and study. In microscopy, as in every other pursuit which involves the use of tools or instruments, the number and nature of the apparatus and appliances deemed necessary for the performance of good work will vary very greatly according to the taste, ingenuity, and above all, the pecuniary ability of the individual. While some men will be content and do good work with a few simple instruments, costing but a few dollars, others will require the most elaborate outfit, costing as many hundreds. In the present series of articles I shall describe only those instruments which experience has taught me to be absolutely essential, leaving the student to learn from more elaborate text-books and the catalogues of the instrument makers, those more complicated appliances which, while they are frequently of great assistance, are not absolutely essential in doing good work and hence must be considered as *articles de luxe*.

§ I. The processes through which an object passes from its crude or natural condition up to the finished slide, ready for the

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cabinet, vary according to the nature of the material. They may be grouped under six general headings, viz;

a. Preserving in the mass.

b. Hardening those substances which are too soft, and softening those which are too hard to be cut with the section knife.

c. Embedding.

d. Section cutting.

e. Staining.

f. Mounting on slips.

Some objects have to pass through all of these processes, while others have to undergo only a portion of the manipulations indicated.

§. II. The instruments and apparatus required for the proper performance of each step will be described under its proper heading. There are, however, certain tools which are required in almost every stage of our progress, and it will be well for the student to provide himself with them at the outset. They are as follows:

a. A half dozen needles mounted in wooden handles. Four of these should be straight and the others curved. Surgeons needles are the best for this purpose, though ordinary sewing needles will answer for the straight ones. The handles should be five or six inches long and large enough to give a good 'grip' to the fingers. Tapering cedar penholders are excellent for the purpose. The needles should be inserted into the small end and carried deep enough to be perfectly firm. They should not project more than three-quarters of an inch from the handle, as otherwise they are too springy for delicate dissections.

b. Small forceps, straight and curved. The ordinary iris forceps are excellent for this purpose. If dentated the teeth should be ground or filed out and the ends of the blades brought to a point.

c. Small scissors—straight and curved.

d. A few delicate scalpels. Old tenotomes, or corneaknives, well sharpened are the very things. Almost every oculist has some such knives which have become useless for his work but which answer admirably for microscopical dissections.

e. A dozen watch crystals. The old fashioned 'bulls-eye' cystals are the best. They may be obtained from any large jewelry establishment for a trifle. Two or three "individual salts" will also be found useful.

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f. Three flat saucers, like those used for shirred eggs.

g. A wash-bottle holding 10 or 12 fluid ounces of distilled water.

h. A half dozen medicine droppers or pipettes.

i. A half dozen camel's-hair pencils, assorted.

j. Small spirit lamp and stand.

k. Salt mouths for preserving crude material. Sulphate of morphia bottles fitted with good soft corks are very useful for containing small bits of material in process of hardening, sections, etc.

§. III. The following chemicals are needed at the outset; Alcohol, 95° and absolute; glycerin, pure; benzol, pure, and commercial; oil of turpentine and benzin, of each one pound. The two latter are used for cleansing purposes, as explained hereafter. Chloroform and sulphuric ether, of each 6 or 8 fluid ounces. Picric acid and bichromate of potassium, of each an ounce. Distilled water.

Other chemicals will be described when needed and under the proper headings.

§. IV. Since all organic matter is prone to decay when left to the influences of the atmosphere, our first care must be to properly preserve the material which we are hereafter to prepare for examination. This is best done by means of certain preserving fluids which are modified according to the substances upon which they are required to act. These fluids may be divided into three classes, viz:

a. Those which simply arrest decay.

b. Those which harden or soften as well as preserve.

c. Those which, in addition to other functions, stain the material.

In the first class we have solutions and combinations of the various antiseptics, such as common salt; boracic, carbolic and salicylic acids, chloral hydrates, glycerin, corrosive sublimate, etc.

In the second class we have alcohol, Muller's fluid, solutions of the mineral acids etc.

The third class embraces picric, chromic and osmic acids, chloride of gold, etc.

Each of these agents has its special use, which must be developed as we proceed in the study of microscopy, since it is manifest that the treatment which is proper for a delicate tissue (fœtal tissues, larvæ of insects, desmids or algae, for instance)

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would not suit for a tumor, a piece of muscle or objects of like description. There are two fluids however which are of such universal use and applicability that to a certain extent they supply the places of all the balance—viz; alcohol and glycerin. It is recommended that the elementary student confine himself as much as possible to the use of these fluids in preseving material for his future work—always bearing in mind the following rule, viz;

Fresh organic matter should never be put into strong alcohol, but treated as follows;

Provide three saltmouths holding a pint each, and having well ground glass stoppers or closely fitting velvet corks. In lieu of these, preserve-jars will answer. They should have a mouth large enough to receive the object intended for preservaing without squeezing or forcing it in. In the first of these jars put a mixture of 35 parts of alcohol and 65 parts of distilled or rain water. In the second reverse the proportions, making the mixture two parts of alcohol to one of water, and in the third put strong alcohol (95°). The material (which we are supposing to be animal matter, is placed first in jar No. I where it should be left for a period varying according to the size of the object, from 24 to 48 hours. It is then removed to the second jar and left an equal length of time, and finally transferred to the third jar. In the course of time the fluid in the first jar will be so weakened by the fluids abstracted from the material placed in it that it must be thrown away. Jar No. 2 will also have become weakened, but it can now be made to serve for the first bath, and No. 3, for the same reason will act as No. 2. The third jar will thus be the only one that it is necessary to replace from time to time.

Small objects immersed in glycerin will keep for a long time without any special precautions. Delicate objects containing much aqueous matter should not be put directly into pure anhydrous glycerine for the same reason that they should not go at once into strong alcohol—the affinity of the preserving fluid causes it to abstract water from the object too rapidly, thus shriveling and injuring delicate tissues.

Where a number of specimens are put into the same jar at the same time, each one should be marked in such a manner that it may be known subsequently. Colored or white threads may be attached to it and knotted in such a way as to serve as a distinguishing marks. Where the student has plenty of laboratory

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room and other conveniences those precautions are not necessary, as each object may be kept in a separate receiver.

§. V. The following are formulæ for these preserving fluids most commonly in use. We shall hereafter refer to them only by the title here given:

GOADBY'S FLUID.—Chloride of sodium 2 ounces, alum 1 ounce, corrosive sublimate 1 grain, distilled water 1 pint. For tender tissues add a grain of sublimate and double the quantity of water. For substances containing carbonate of calcium omit the alum and use double the quanity of common salt.

MULLER'S FLUID.—Bichromate of potassium 25 grains; sulphate of sodium 10 grains; distilled water 2 ounces.

WICKERSHEIMER'S FLUID, as modified by Hager.—Salicylic acid 4 drams, boracic acid 5 drams, carbonate of potassium 1 dram, mix and dissolve by the aid of heat in a mixture consisting of 12 ounces of water and 5 ounces of glycerin. When solution is complete add 12 ounces of alcohol at 95° in which 3 drams, each, of oil of cinnamon and oil of cloves have been previously dissolved.

MEYER'S FLUIDS.—Make a stock fluid consisting of 1 part of salicylic acid dissolved in 100 parts of pyroligneous acid C. P.

For larvae, hydrae and nematoidæ, take 3 parts of the fluid and add 10 parts c. p. glycerin and 20 parts distilled water.

For infusoria, glycerin 2 parts, distilled water 8 parts, mix. and add 1 part of the stock fluid.

For algae, desmids etc., take 1 part of the stock fluid, 1 part glycerin, and 20 parts of water.

In addition to the above the following are the proportions usually observed in making hardening and preserving fluids.

Chromic acid solution—1 per cent.

Picric acid solution—Saturated.

Osmic acid solution—one-half of one per cent.

Chloride of gold solution—one-half of one per cent.

Bichromate of patassium solution—2 per cent.

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ARTICLE L.

Department of Dermatology and Syphilis.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A.M., M.D., Professor of Dermatology and Syphilis, St. Louis College of Physicians and Surgeons, of St. Louis.

CHANGES IN THE GASSERIAN AND UPPER CERVICAL GANGLIA IN LEPROSY.—J. J. Sudakewitsch in *Wratsch* gives the results of his researches made in the University of Kiew. Macroscopically the ganglia were apparently normal except for a darkened appearance. Microscopically the following was found: In the Gasserian ganglion the nerve cells were in part normal in form, some elongated and others triangular. The protoplasm which was turbid had lost its reticular character and a few cells had a peculiar sparkle. The nuclei for the most part smaller, oval and sometimes not noticeable. In the neighborhood and within the cells were the lepra cells of Virchow. An increase of the pigment bodies was observed and the smaller their size the more intense the color. The lepra bacilli were also found in a number of cells varying in number from one to twenty and isolated, not grouped as in the skin and other organs. They occurred chiefly as short rods with two or three light spores and bulbous ends. In the upper cervical ganglion the changes were limited to the interstitial connective tissue, which held white blood-corpuscles and lepra cells, but filled with bacilli.

PYROGALLIC ACID AND COLLODION, A TREATMENT FOR PSORIASIS.—Dr. Geo. T. Elliott, (*N. Y. Med. Jour.*), claims satisfactory results for his method of treating psoriasis. He objects to chrysarobin from the fact of its unreliability due to impurity. This caused him to resort to an old remedy, pyrogallic acid, which if used properly will not be attended with more danger than any other remedy. Besides the fatal cases attending its use, the black stain it leaves and its irritating properties have militated against its employment in this country. The strength

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used by the author is from 10 to 15 per cent, the acid being perfectly soluble in the collodion. With this he adds about 5 per cent of salicylic acid which seems to have a keratolytic power. The manner of applying the remedy is to have the patient take a bath, remove all the scales from the patches and paint with a stiff brush, taking care that every portion of the patch is covered and the collodion extending a quarter inch beyond the edge of the lesion. This should be repeated every second or third day. In herpes tonsurans the author has applied this mixtare with most gratifying results. It is one well worthy of a trial.

INTERNAL URTICARIA.—M. E. Besnier in his clinical lectures at l' Hôpital St. Louis, (*Jour. de Méd. et de Chir. Prat.*), lately spoke of a case of urticaria in a girl of 20. She was for a few days troubled with general symptoms such as inappetence, malaise, and then a generalized pruritic eruption in the form of wheals. One evening she had a violent fit of dyspnœa, with syncope, high fever and bilious emesis together with intestinal colic. This persisted through the next day. The eruption in the meantime had disappeared and nothing remained but a diffused redness. From the general symptoms and the presence of red spots on the buccal mucous membrane it was concluded to be a case of a peculiar form of urticaria—internal urticaria—similiar in its appearances and effects to that described by M. Suéneau de Mussy and having caused visceral disturbances. No adequate cause could be found for this unless it was caused by the eating of some veal.

FIBROMA MOLLUSCUM.—Henry T. Bewley in an interesting essay on the Changes occuring in the Skin in some forms of Disease, (*Dublin Jour. Med. Sci.*), gives the following description of the structure of fibroma molluscum: The two tumors seen in many sections consist of a mass of finely fibrous tissue, containing many cells, which appear spindle shaped, with elongated nuclei. The tumors are separated from the surrounding tissue by a very distinct line; this fibrous tissue round them is much coarser, and contains much fewer cells. The fibroma is remarkably rich in bloodvessels, which have thin walls. The papillæ of that portion of the skin which lies over it are atrophied.

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CUTANEOUS HORN.—The following is from the same source as the above: The horn of which I have cut sections rests on enlarged papillæ. Up to the edge of the horn they are of normal size, but they become enormously long, branching and subdividing many times. About these enlarged papillæ the stratum spinosum is greatly thickened, and upon it a large mass of horny cells is placed. On the top of the horn this layer is arranged in columns, so that the horn ends in a number of bristle-like processes, each of which corresponds to a branch of a papilla. The papillæ are seen extending a long way up into the horn in the form of narrow tubes surrounded by epidermis. The cutis at the base of the horn is infiltrated with many small round cells, which are rather suspicious of commencing epithelioma—a kind of growth which these horns are liable to take on.

CHANCRE OF THE EYELID.—M. Baudry, (*Revue clin. Oculist.*), has called attention to a peculiar method of accidentally and involuntarily transmitting syphilis. He observed two cases in which children had chancre of the eyelid caused by cleaning their sore lids with the saliva containg the syphilitic virus. Blepharitis and blephara-conjunctivitis existed. The appearance of secondary symptoms, confrontation and a minute inquiry into the history served not only to establish the diagnosis beyond doubt but also the method of inoculation. As the edges of the lid are often the seat of inflammatory troubles in children and prone to fissure, the value of repressing any means to apply anything but innocuous agents becomes not only evident but one to impress upon parents so as to place their offspring beyond the meddlesome and often dangerous attentions of neighbors.

TERTIARY LESION SIMULATING CHANCRE.—M. Mauriac, the successor of Ricord at the Hôpital du Midi, states that these single lesions, tubercles or gummata which bring on ulceration of the balano-preputial furrow, are pretty frequently met with. This chancriform appearance may lead to one of two things: An anterior syphilis being ignored, it is considered as the initial symptom, or although an anterior syphilis is recognized it may be taken as a proof of syphilitic reinfection. Far from being primary, it is only a tardy or late sympton which is unaccompanied by any cutaneous manifestation, and is attended

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by a peculiar induration of the region in which it appears. It is merely a variety of the gumma and very amenable to the action of iodide of potassium.

EXCISION OF THE CHANCRE.—The following narrative, taken from a series of lectures on Syphilis by Leloir and published in *Le Progrès Médical*, is highly interesting:

A student in 1882 told him that on the previous night he had had intercourse with a woman who, he subsequently found out, was syphilitic. The woman had eroded papules of the vulva. The student was told to watch closely for the least appearance of a symptom and to pay particular attention to any ganglionic engorgement or induration. He used a magnifying glass and upon going to bed and arising in the morning he carefully examined his genitals with a good lens. He became a monomaniac upon the subject. Upon the 22nd day at 2 o'clock in the afternoon he burst into Leloir's office and, and having already come twice that day without seeing him, the first thing he did was to show his penis. Upon the free edge of the prepuce an elevated erosion was situated, as large as the head of a pin. It was rather a macule than an erosion; no trace of any induration, no inguinal adenopathy. This sore had appeared since midnight and it was only in the morning that the patient had observed it. The rest of the patient's integument was examined and absolutely nothing found. Supposing that this small erosion might be a chancre it was excised, a portion as large as a dime being removed. Cicatrization rapidly followed without any induration taking place. But a few days later the inguinal ganglia engorged and about six weeks later the secondary symptoms burst out as roseola, alopecia and eroded papules. It certainly was not fourteen hours after its appearance that thorough excision was made and yet the sequal proved how futile the means was. It would be well if many of the advocates of the local nature of syphilis at its inception were to take these examples and ponder over them.

HEREDITARY SYPHILIS.—Dr. Rehn has made a *resumè* from French Liturature in *Jahrbuch für klin. Med.*, of this interesting infection. Millard obtains the following points from a case observed by him:

The transmission of syphilis both to the mother and child

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during the first pregnancy, although the father had not shown any symptoms for years.

The rapid and insidious appearance of a psuedo-paralysis in a child which showed no trace of syphilis and was otherwise apparently healthy. The necessity of long continued treatment was also made evident. The case also proved the correctness of Prof. Parrots' observations, that the bone lesion may be the first and only symptom of hereditary syphilis. Prof. Fournier cites as some of the manifestations of *syphilis hèrèditaire tardive* (late hereditary syphilis) a remarkable backwardness of general development; deformities of the cranium of various types, a peculiar form of the nose, (depressed at the bridge and flat at its base); cloudiness of the cornea; the sense of hearing somewhat impaired; changes in the teeth; perforation of the velum palatinum; alterations of the skin (cicatrices), various alterations of the skeleton; atrophy of the testicles besides many other manifestatations, such as meningitis, gummata of the viscera, etc. The disease is not a curiosity but one which is often met with in large cities and which should be recognized and treated as soon as it is possible to do so.

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Article LI.

Department of the Respiratory Organs.

CONDUCTED BY

J. C. Mulhall, M. D., Physician to the Throat and Chest Department, St. Louis Medical College Dispensary.

Acute Œdema Epiglottis.—*Medical Record.* Dr. G. B. Hope reports a case of this kind quickly relieved by free incisions with the laryngeal lancet. The attack appeared to have been provoked by irritation from the patients finger introduce to excite vomiting.

Menthol as a Local Anæsthetic in Nose and Throat.—*Berlin. Med. Wochenschrift.* Dr. Rosenberg finds that a fifty per cent alcoholic solution produces anæsthesia in those parts lasting from 20 to 30 minutes. It is not so complete as cocaine, but is a valuable supplement to the latter drug.

Laryngeal Paralysis in Horses.—William Hunting, F. R. C. V. S. explains that the loud sound made by a horse in his breathing when galloped, commonly called roaring, is due to paralysis of one of the crico-arytenoid muscles, nearly always of the left side. When paralysis of both abductors occur, tracheotomy, as in man, is indicated. There are many serviceable cab horses in London wearing tracheotomy tubes.

Herpes of the Throat.—*College and Clinical Record,* Dr. J. Solis Cohen has recently had under observation a chronic case, the patient having suffered from herpers of the palate, at various times, extending over a period of fifteen years. A correct diagnosis is everything, since the patient can then be assured that he is suffering from an innocent and self-limited disease. Unless seen in the vesicular stage, diagnosis is principally by exclusion with grouping and contour of the ulcers.

Membranous Occlusion, Posterior Nares.—*Jour. Am. Med.*

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Ass., Dr. Casselberry, of Chicago, reports a case where the left naris was almost completely occluded by a tense membrane. Drainage, active or passive, being thus impossible, the products of nasal secretion underwent putrefaction, resulting in a train of symptoms, which for lack of rhinoscopy, had been treated as consumption, catarrh, neuralgia, bronchitis, rheumatism. The author cured his patient with the galvano caustic knife.

TERPENE IN PULMONARY DISORDERS.—*L' Abeille Medicale.* Prof. Germain Sèe considers terpene to possess the power of modifying the mucous membrane, and a powerful agent in repressing secretion, and is indicated where the discharge of pus is sufficient to weaken the patient, as in the purulent expectoraton of catarrhal pthisis, chronic bronchitis, independent of asthma. The action is prompt and free from inconvenience. It is best given in pill or alcoholic solution, the best dose being fifteen grains.

TRANSMISSION OF PHTHISIS BETWEEN MAN AND WIFE.—*Revue de Med.* Prof. Potain presents an array of cases to prove this possibility. In each case the subject of contagion was from a healthy family, doubtful cases being excluded, as also where other causes than contagion might explain the disease. Transmission can take place, without pregnancy or other debilitating cause.

I feel sure that it will soon be the general practice of physician to warn the husband, for example, to occupy different apartment from a tubercular wife. When the bacterial craze has subsided, we will not be so apt to remember this caution.

EXTERNAL APPLICATION IN CONSUMPTION.—*Med. News.* Dr. Mays claims, and cites many cases in proof, that such applications are often of the greatest service, sometimes even curative. He relies chiefly on poulticing. A well made poultice, one-half inch thick, is applied over the diseased lung area, every two hours, for at least five days, heavy folds of flannel being substituted at night. In many cases physical investigation before and after poulticing has assured Dr. Mays that deposit at an apex has entirely disappeared. The success of this treatment confirms the author's belief that inflammation always precedes, and often for a long time, the deposit of tubercle.

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TRICUSPID STENOSIS.—Professor Torrens Homen, in the *Rio Janeiro Med. Review*, relates the history of such a pathalogical curiosity, it being unassociated with insufficiency. Undulutory movements were observed in the jugulars but no true venous pulse. On auscultation a short and plain diastolic murmur, during the first two days in hospital, which gave way on the third and fourth days to a presystolic murmur, both murmurs having their maximum of intensity at the union of sternum with the ensiform cartilage.

The patient has the usual rheumatic history, with slowly increasing anasarca. At the antopsy there was found to be a fibro-cartilaginous ring, encircling the base of the tricuspid valves, narrowing it so as to barely admit the little finger. The other valves were normal. The lungs were œdematous.

CONTRIBUTIONS TO THE STUDY OF EROSIONS, CALLED CATARRHAL, AND THEIR RELATION TO TUBERCULAR LARYNGITIS.

In a monograph by Dr. Hering, of Warsaw, he declares that the sites of selection of tubercular ulcers, the vocal processes and inter-arytenoid fold, are also frequently the sites of erosions, produced by simple chronic catarrhal laryngitis. This latter condition is nearly always the sequel of a chonic pharyngitis or rhinitis.

He himself was the subject of such erosions and received the suggestion from two conferers who examined his larynx, that he was tubercular. Local treatment however entirely healed the ulcers. He gives nine more cases very similar to his own. The terrific cough, caused by the laryngeal erosion, was very distressing and of itself provocative of night sweats, malaise and other suspicious signs.

OBLITERATION OF ONE LUNG.—*Lancet.* Dr. Glover exhibited at a meeting of the Islington Medical Society specimens from a man in whom for many years had been observed complete displacement of the heart to the right side. The autopsy, in addition to verifying displacement (and not transposition), showed the remains of the right lung to be about as large as a sausage and enveloped with thickened pleura, at places half an inch thick, the pressure of which had rendered the small amount of lung tissue impervious to air. The left lung was correspondingly enlarged.

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We often hear the laity speak of person as having "one lung quite gone". This autopsy proves this possibility, but also that the process must have been one of years, that as the right lung was slowly strangulated the left one compensated by increased growth. The patient died at the age of 63 of broncho pneumonia.

THYROIDECTOMY.—*Lancet.* Dr. Chavasse has operated twelve times and renders the following conclusions:

1. The operation is a grave one, and should not be lightly undertaken, especially as our knowledge of the exact functions of the gland is somewhat hazy. 2. It is better to remove one lobe at a time rather than to attempt excision of the whole gland. It is probable that such a proceedure will sufficiently relieve all urgent symptons. 3. That if a capsule exists, it should be opened in the median line and that the angles of the gland should be firmly secured before the goitre is enucleated, that it is best to ligature first the angle of the gland containing the superior thyroid artery, next the isthmus and to take away the gland from above downwards, ligature of the inferior thyroid angle being one of the final steps of the operation. 4. That stout carbolized silk is the most reliable material for securing the pedicles. 5. That antiseptic dressings in some form should be employed. 6. That the success of the operation will probably increase with the experience of the operator.

PULMONARY ŒDEMA AFTER PARACENTESIS THORACIS.—*Deut. Arch. fuer Klin. Med.*, Dr. Scriba relates the case of a very anæmic young woman from whose plural cavity 1600 ccm. serous fluid was removed. Shortly afterwards the patient began to cough and expectorate frothy light yellow fluid, which soon ran in an interrupted stream from her mouth. Death occurred in a few hours. The autopsy disclosed pulmonary œdema, a few old cheesy nodules, and a fibrinous plug in the left primary bronchus. The author adopts the theory of Dichstensterm in explanation, which is based on the experiments of Cohnheim, which show that the permeability of the walls of blood vessels is increased, when the blood current has been prevented from flowing through a lung surrounded by a pleural effusion. The cause of such pressure being removed, as in the present case, the rush of blood through the unused capillaries, caused serous transuda-

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tion through their walls and, occurring in one very anæmic and weak, caused the fatal pulmonary œdema.

The author speaks of similarly recorded cases. Why, in the face of such knowledge, did he permit the withdrawal of so much fluid at one sitting. The practical deduction from this case is quite obvious.

ON SOME CAUSES OF DISEASE.—*Med. Press.* From the opening address at the Annual meeting of the British Medical Association, by the distinguished Dr. Samuel Wilks, I make the following quotations. "Facts do not always accord with preconceived ideas." The idea of sleep suggests quiet and repose; therefore the blood is placidly circulating through the body, and there would not be the same pressure on the vascular walls as during violent exercise. But is this warranted by facts. An important case is that of hæmoptysis in pulmonary disease where hæmorrhage occurs much more frequently during the night, after several hours of rest than during any exertion during the day. If this be so, why should purely theoretic or imaginary reasons guide us in practice, and oblige us to frighten our patient suffering from hæmoptysis, by telling him that he must not make the slightest movement with his arms, must not move out of bed, or speak above a whisper? There is no proof that this quieting and frightening process is the best. Then again, take the heart. Is it not during sleep that the patient suffers most, and is it not during the night that a weak heart may rupture, or an aneurism give way? I have known a patient with mitral disease and a quickly acting irregular heart gain much by a little exercise. Many persons are kept in a state of perpetual terror and become hypochondriacal, because the medical man has forbidden all movement, even in their house, and they have been carried up and down stairs in a chair."

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ARTICLE LII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the JOURNAL'S Stenographic Reporter.

SATURDAY, October 17th, 1885.

DR. ATWOOD, President, in the Chair.

DR. GUHMANN read a paper detailing a case of hæmatocele. [See page 209.]

DR. HILL.—I would like to inquire of Dr. Guhmann whether the hæmorrhage continued after nature came to the patient's relief?

DR. GUHMANN.—It did not. Strange to say the opening healed up and, in a week, you could not see anything except the scar.

A Case of Spontaneous (?) Combustion.

DR. MIDDLEKAMP.—In October, 1883, a citizen of our place—Warrenton, Missouri—went out with his gun on his shoulder and did not return alive. It was supposed that he went out for the purpose of committing suicide. Search was made in the neighborhood and four or five days after his disappearance, the supposed remains of the man were found. He was sixty-six years old and and very intemperate and had been so for twenty years. The lower part of the legs, the arms and the head of this man still remained and the rest of his body was burned up. It appeared as if he had gone out and fired the gun at his breast setting himself on fire and burning him up. There was nothing in the neighborhood but a little brush. I handeled the remains myself, and found the pelvic bones and the vertebræ were all that was left of the trunk, and in the form of ashes, when I took hold of them they crumbled. The flames had gone up and scorched the tree. The fire was so intense that it melted the ramrod and a metal buckle which was on a belt he wore. The remains of the extremities, which were not consumed, were very light. Most of the organs of the thorax were destroyed, the heart being left. His body was lying on the back, I thought it

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a very remarkable case. I am sorry I have not reduced it to paper. I have just stated it from memory. The remains were gathered up and buried; they were very light and the man weighed at least two hundred pounds when alive.

DR. SCOTT.—Was he dressed in woolen or linen clothes.

DR. MIDDLEKAMP.—He had on an ordinary pair of pants, a shirt and undershirt, no coat, he probably had on a vest.

DR. SCOTT.—The reason I asked the question was because it looked very strange to me that a man should be burned up so thoroughly with nothing on except his ordinary clothing. I have seen quite a number of persons badly burned, but I never saw anything so thorough as this, and it looks to me as if there must have been somethig else beside the man's clothing burned about his body to cause such a thorough burning. It seems to me that the burning of the clothing which men ordinarily wear would merely scorch or bake the skin and not burn the body. I should think that somebody else had a hand in burning him up. We have all seen a great many cases of burning but they are alalways just baked over without any of the flesh being consumed at all.

DR. WESSELER.—Did you say the man was addicted to drink?

DR. MIDDLEKAMP.—He had been addicted to drink for twenty years. There was no tracks in the surroundings to indicte that anybody had been in the neighborhood, and not more ashes than would be caused by the burning of his clothing and body. There were no trees in the immediate vicinity except a small bush which was scorched. The crowd, of crouse, asked myself and the doctor for an explanation for this burniug, and I gave one. I do not know whether it was correct or not. This man was known to have been very intemperate for twenty years; he walked from soloon to soloon drinking to excess; he was a joking, jovial fellow, with an extremely red, full face, he was full of blood; he was a very large man of rather the fatty kind. I told the crowd that this man had become so thoroughly saturated with alcohol and a certain amount of alcohol was perhaps retained in the tissues and when he fired the fatal shot he was set on fire and burned up, and completely consumed except the parts mentioned.

DR. THORNTON.—Were there signs of fire around the man in the trees?

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DR. MIDDLEKAMP.—The bush immediately over the body was scorched.

DR. THORNTON.—The case reported by Dr. Middlekamp is very similar to what is called "spontaneous combustion." In one of Dicken's Works he draws a picture of such a case. One of his characters is comsumed, except the extremities, and it is attributed to spontaneous combustion. On the publication of the work the medical profession criticised this a good deal, but works on medical jurisprudence go to show that such a thing might occur, as there have been such cases reported, and these cases in works on medical jurisprudence are apt to be better authenticated than any other.

DR. HURT.—I would like to inquire whether human fat is not about as combustible as other oils. This man being quite fleshy and corpulent, full of fat as well as of whiskey, and his clothes burning upon him may have been sufficient to heat up the fat that was in him and when once the burning was well started, I do not know but what the man may be burned.

DR. THORNTON.—I would like to ask Dr. Hurt if he ever tried to burn any part of a cadaver?

DR. HURT.—No I never did.

DR. WESSELER.—After life is extinct for some time you can not burn the corpse, but this man was recently dead, and it may be that when the fire had consumed his clothing it was sufficient to heat the oil in his body and after the oil started to burn it continued until the trunk was consumed. There is an inch of adipose tissue on these fat people and there is a good deal of oil in it. I do not know but what the oil in a human body will burn just as well as that in a hog.

DR. MIDDLEKAMP.—I regard this as a case of spontaneous combustion. There is no doubt that the man committed suicide as he placed the gun a short distance off between two twigs, in a fork, pointing at his breast and fired it off with the ramrod.

DR. SCOTT.—That could not be regarded as spontaneous combustion. I still hold to the theory that there is something very mystrious about this case; and my assertion is based upon my experience. I have had several cases—some four cases, or more, of the kind—where people have been severely burned, where women have had their clothing set on fire and burned to death and although the clothing was burned entirely off them, yet the flesh was only scorched or baked. The man created the

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fire which consumed him, and it is a mysterous fact that he should be so throughly destroyed as Dr. Middlekamp had mentioned. I have seen bodies which have been taken from burned houses, where the heat was certainly intense enough to consume almost anything and yet the bodies were not consumed. That this man was consumed by the alcohol which he had taken is a rather doubtful matter. Alcohol does not remain in the system as such a very long time.

DR. A. GREEN.—I am not going to deny any fact related, but I can not endorse the explanation given for the phenomena. I suppose this man was drinking whiskey, he was not drinking pure alcohol, and even if this had been the case we cannot explain how spontaneous combustion will take place? We all know that we place our specimens, containing adipose tissue in alcohol to preserve them and yet no spontaneous combuston will take place. Does alcohol remain in the system as such? By no means. I think it is probable that some other agent was concerned in the incineration of this man. Perhaps it was not a suicide at all.

DR. ATWOOD.—It occurs to me that it would be a rather remarkable coincidence to have a suicide by gunshot wound and case of spontaneous combustion at the same time. I remember that in 1859 a man was chained to a tree and burned to death and it took nine and a half minutes by the watch to consume his body and he was surrounded by the most combustible material, kindling wood, shavings, etc, being piled around him.

DR. DICKINSON.—In connection with this subject I beg to draw attention to the fact that at the crematories it requires about three hours for the full cremation of a body, showing that the body does not burn readily.

DR. HILL.—I think there is another thing that goes to show that people are not likely to be consumed by their own fat. You will all remember the Clark family who were lost in the Southern Hotel fire. They went down with the fifth floor with the debris of the building and days after the fire the bodies of Mr. Clark, his wife, two children and nurse were found and identified. The clothing protected most of the trunks of the bodies and in the cases of Mrs. Clark and the nurse they were protected by their corsets. The head and trunk of Mr. Clark were also found and identified.

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SATURDAY, October 24th, 1885.

DR. ATWOOD, President in the Chair.

Muriate of Cocaine.

DR. LOFTUS.—I noted in the Republican about two weeks ago an article purporting to be an interview with some physician of prominence in this city relating to the muriate of cocaine and it threw a rather new light on the subject to me. I would like to hear the society express itself further on the subject.

DR. LUTZ.—I would like to know if any gentleman here has had any experience in the use of cocaine in cases of habitual drunkenness.

DR. FRY.—I have used it hypodermically in full doses some six times in three different cases. The first in a case of sciatica in a man, a blacksmith by trade, who was in all respects, except the neuralgia, in a very good state of health. I first administered to him a full grain of Squibb's muriate of cocaine and watched him for an hour but saw no effect. I told him to notice particularly if there was any change in his condition and he could not mention any at all that might be attributable to the use of the cocaine. I used it again the second evening after that and again the second evening after that—after the second introduction: the last time I used a grain and a half of cocaine. I watched his pulse and could not see any change in it and it had no influence on the sciatica. Each time I used it when the force of the attack was leaving him. The pain came on in the morning about ten o' clock and went away in the evening. I used the remedy in the evening because that was a convenient time for him to come to my office. I used it in another case, a little girl aged about 13 years, who was and is suffering with some not very well defined nervous trouble. She is confined to her bed with an apparent inability to walk; she has a slight coreic movement all over her body and she suffers with fits of depression, melancholia; it is, I judge, perhaps an hysterical condition. In this case I gave, at two different times, injections of a full grain of the muriate and perceived no effect at all. The sixth time I used it in a case of morphine habit—in a woman who was taking very large amounts and who was increasing the dose. She complained of pains in the stomach. I gave her a full grain of muriate of cocaine and in that case there was a flushing of the face

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and an exhilaration of the pulse which lasted perhaps five or ten minutes, may be fifteen and those were all the symptoms I saw in that case. That is the extent of my experience. I used Squibb's preparation.

DR. POLLAK.—I have used cocaine in at least 100 eye cases. In fact I used it in every case where an anaesthetic is required, except enucleation; I have used it in cataract, strabismus, paracentisis and other eye operations; also in ear troubles. I reported a case of dypsomania in a man aged 38 years, who had been a dypsomaniac for nearly 12 years; he was the son of a dypsomaniac, the grandson of a dypsomaniac, the brother of a dypsomaniac; and has an uncle who is a dypsomaniac; he is a very well educated man; a business man, who holds a fine position in society yet he is such a victum to the demon alcohol or rather the desire to drink that it is imposible for him to resist. This man was absolutely relieved by cocaine. I administered it first on the 18th of December last. About five drops of a five per cent solution were injected and he went to sleep and slept until the next morning, when he awoke he knew nothing about my being there. He got up and went to his business. He called at my house and I gave him a little more. The gentleman made use of the cocaine himself. He made use of this by hypodermic injections for weeks and weeks. I had an opportunity to observe him for two months. After that I lost sight of him. From friends however I hear that he has entirely refrained from the use of alcohol; and that he has lost all taste for it and has never tasted a drop since using the cocaine. Whenever the desire arises one or two drops are sufficent to satisfy him. He formerly used a four per cent solution, although now he makes use of only a two per cent solution. Whether he is going to become a cocainist instead of an alcoholish I do not know. I will also say that at my recommendation Dr. Bauduy commenced the use of cocaine in cases of alcoholism. I accompanied him to St. Vincent's and saw there quite a goodly number of cases, 8 or 10 in the general ward and some in private rooms. Most of them had been drunkards for a considerabe time and were willing to do anything to overcome this terrible malady. In one case in which the cocaine was used a gentleman told me he would take the risk of sleeping with a bottle of whiskey under his pillar; that he had no desire for it at all. I understand that Dr. Bauduy has written an article on the subject, but I have not seen it, in which he states that

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the use of cocaine produced disasterous moral effects—not physical but moral.

DR. HULBERT.—Does the use of cocaine destoys the desire for alcoholic liquors?

DR. POLLAK.—That was my experience in one case, and Dr. Bauduy says it is also his experience.

DR. HULBERT.—A case came under my observation that at least shows a variation in the effect of cocaine; the patient was a man who used cocaine to relieve himself of the morphine habit. He had become very much addicted to the use of morphine and wanted to free himself from the habit. He was tald by a prominent physician to use cocaine. This gentleman was also addicted to the use of alcoholic liquors. If the morphine did not satisfy him he would resort to alcoholic liquors. He told me that as far as the influence on the morphine habit was concerned, the cocaine satisfied it, but that he could not notice any influence on the desire for alcohol. I gave this gentleman a hypodermic injection of a grain and a half of Squibb's cocaine. He was in a very excited condition and I kept him conversing as long as possible and he stayed perhaps half an hour and when he left me he was comparatively calm.

DR. DICKINSON.—I can confirm what Dr. Pollak has said in regard to its use in eye troubles. I cases of sciatica I would like to suggest that some benefit might be derived from the use of sulphuric ether. I used it twice on one patient and he has experienced no pain since. I inquired of him last summer as to its effect and he had then experienced no return of the trouble.

DR. DIBBLE.—The remedy has always been successful in my hands in eye troubles. I enucleated one eye by the use of cocaine but I should not undertake another such operation with it. In Los Angelos last winter I used it in a case of ovaritis, I made three injections of a four per cent solution, about fifteen drops and even carried it as high as twenty drops, and for half an hour it would seem to give her relief, but no longer. I have never yet seen any great benefit from it except when applied to mucous surfaces.

DR. WILLIAMS.—I enucleated an eye without chloroform by the use of cocaine and I do not think I would hesitate to perform the operation again should occasion require it. It is somewhat painful but the pain is greatly reduced by the remedy and

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I think we are justified in that operation without chloroform. I had a little experience recently with cocaine. A lady in this city had a romp with her children and one of the children happened to strike her over the ear and ruptured the membrana tympani. After several days this ear inflamed quite severely and became quite painful and she asked me to prescribe for her. On examination I found that there was a copious bloody water running from the ear, the membrana looked like a mass of flesh rather than a membrana tympani. I could not locate the site of the rupture because the whole membrane was so intensely swollen and red that I could not see it. She had been suffering greatly and I gave her a solution of cocaine to be used in the ear as required on account of pain. She used the solution about 24 hours, and when I saw her again she had an attack apparently of erysipelas; the entire auricle was intensely red and considerably swollen so that if I had not seen her before I would have said that this was a case of mild erysipelas. The skin of the external meatus was equally swollen along with the auricle, and I am quite satisfied, at least I suspect vey strongly, that the cocaine excited this inflammation of the auricle. The trouble passed off after a few days. The anodyne effect of cocaine in her case was very temporary; it would relieve her only for a short time, in the course of a few minutes the pain would return.

DR. MEISENBACH.—A lady came under my observation last fall, the trouble of which she complained following an abortion. She was suffering from hiccough, and the treatment used was given to relieve the uterine condition. It did relieve that trouble considerable but the hiccough would not budge, and antispasmodics and tonics were given to no effect. I gave her a small dose of muriate of cocaine. Last Sunday I saw her and she told me she was considerably relieved, that she had been more relieved with cocaine than with anything else. I have not seen her since but I presume that her condition is still improving.

DR. ATWOOD.—Some months since I reported a case of a morphine eater 68 years of age to whom I had administered the muriate of cocaine. At first I gave him one grain and a half afterwards reducing the dose to a grain and using it persistantly for one week, at the end of which time, and in fact during the treatment he stated that all the desire for morphia had disap-

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peared. The immediate effect of the hypodermic injection was to rejuvinate him. He came into my office in a condition characteristic of senility exceedingly feeble, his voice weak, his step tottering, and with a feeling of numbness and dullness in the extremities, and great mental heaviness. I administered a grain and a half of cocaine and engaged him in a conversation for a time and it was astonishing to see how he acquired full control of his muscular system walking rapidly up and down the office with the agility characteristic of a young man. His mind became exceedingly active, his face became round and full and his memory seemed to return to him with great vividness so that he related to me circumstances with which I was well acpuainted and which occurred thirty years ago. I said to him, you appear to be a hundred dollars better off than you were when you came here. He said: "Doctor, I am more than a million dollars better off." After leaving my office he went down town and attend to business which before that time he had been unable to attend to. He returned in the evening somewhat depressed but another application of cocaine revived him and he resumed his previous exhilerated condition. He says that he has not had the least desire for morphia since he has been taking cocaine, and I believe that he is a truthful man. He is a gentleman of position and wealth. After passing from under me, however, he continued to take the wine of cocaine, leaving the city shortly afterwards. Lately I had a case of nasal catarrh. I made a four per cent application, to the pharynx and the posterior nares, of cocaine and the patient expressed himself as being very much better. I continued the application of cocaine and I must confess that I never saw as rapid improvement in a case of catarrh as occurred in this case; whenever the cocaine was applied the disagreeable sensation in the throat disappeared.

DR. MEISENBACH.—From the reports which we hear in the journals in regard to Dr. Bauduy's experience with the muriate of cocaine I should judge that the same result was being attained here with it as the history has resulted in its native country. It is said that patients after using cocaine for some time become debased and moral wrecks. This seems to be in corroboration of the history of the drug in Peru, its native land.

DR. ROWLAND.—On the Fourth of July last in the afternoon I was summoned to see a little boy who had been using fire-

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crackers and in letting one of them off, being quite nearsighted, he held it close to his eyes for the purpose of lighting it. It exploded and filled one of his eyes with burnt powder. I found him in great agony, as the eyelashes were singed off very close to the eyelid; it was impossible to remove the burnt powder unless an anæsthetic of some sort was used. I procured a four per cent solution of cocaine and must have poured in ten or fifteen drops, I filled the eye full. In a short time I was able to raise the lid, although the boy was suffering intensely and could hardly bear me to touch the eye. After making the application of cocaine I noticed he gradually became more quiet. I repeated the cocaine, and removed every particle of burnt powder. While I was removing the powder the mucous membrane seemed actually to become paler. The margin of the lid was blistered slightly. After I removed the burnt powder the boy became comfortable and went to sleep. I repeated the cocaine the next day when he got up and kept a wet compress to the eye. The case progressed admirably and without any other treatment, and I can see no difference now between that and the other eye. There were some grains of powder which seemed to be driven into the conjunctiva which were removed with the point of the probe.

Dr. Atwood.—I recently saw a very violent case of neuralgia of the eyeball in which cocaine acted entirely satisfactory.

Dr. Fry.—I would like to ask Dr. Williams why he attributes the inflammation of the ear to the cocaine? When we use it hypodermically it doesn't cause any irritation, at least it has not in my limited experience although I have used it in pretty large doses.

Dr. Rowland.—I might have stated further that myself and a friend used the oleate of cocaine a short time ago in a case of fistula in ano. It was introduced in absorbant cotton into the fistulous opening and applied freely in the rectum and the operation was performed with very much less pain than he would have suffered without an anæsthetic.

Dr. Williams.—I can only say that I suspect that the cocaine was the cause of this inflammation of the auricle. I could find no other cause for the inflammation in the external ear.

Dr. Pollak.—I believe in Dr. William's case that the erysipelatous inflammation was simply a coincidence. I have used

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cocaine in the ear a good deal and I have never seen any such trouble resulting from it.

Epistaxis.

A little girl about, ten years of age, in the school of the blind, was taken with simple typho-malarial fever about ten days ago and, by the way, this girl is one of four blind children in the same family, which is somewhat remarkable. It is the first time I have known of such a thing occuring. She had a very high fever indeed, but she was brought under control by antipyretics, such as aconite. Last Wednesday week I was sent for at nearly eleven o'clock as it was stated that she was very ill and had hæmorrhage from somewhere. As I was very much fatigued I concluded to leave the case to the care of the superintendent of the institution until the next morning. When I called I found the child almost in a collapsed condition. He said that she had bled almost the entire night; she had one hæmorrhage after another. He showed me a basin and said there had been three or four such hæmorrhages as that. I asked where the hemorrhage came from. He said it must have come from the lungs or stomach. While I was examining the child one of those little drops of blood came out of the nose and it occurred to me that the hemorrhage had been an epistaxis and the child, having been lying on her back, had swollowed the blood and then vomited it, but how to stop the epistaxis was not an easy matter. I at once prescribed fluid extract of ergot and gave her a few drops but she rejected it, not being able to retain it on the stomach. As a last extremity I resorted to the injection of ergot, using about five drops on each side of the temple and not another drop of blood escaped. I gave her a little whiskey every half hour, perhaps a teaspoonful, and she rallied from the first and she is now doing very well.

DR. MEISENBACH.—I would suggest that the doctor might have controlled the hemorrhage by pressure upon the internal maxillary, passing right behind the angle of the jaw. Some time ago I reported a case of epistaxis in an old lady where all methods had failed. I compressed the artery for half an hour and had the satisfaction of seeing the hemorrhage cease and it did not return. I had a case a few weeks ago of a lady who had acute tonsillitis. I tried to controll the tonsillitis and failed then I resorted so scarification, possibly the scarifications upon

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the inside of the anterior fold of the velum were to deep. And a few days after I was called suddenly to see the patient, being informed that she was expectorating blood very freely and having hemorrhages. I found that she was expectorating very freely bright arterial blood and felt rather guilty, thinking that possibly that I was the cause of the hemorrhage, not knowing where the point of my lancet had gone in the scarification; so I applied pressure to the carotid artery with the effect of seeing the hemorrhage cease altogether and from that time it was controlled, although in a day or two afterwards it again broke loose and I then controlled it in the same way.

Dr. Pollak.—Possibly the exsanguination of the child might have had more to do with the stoping of bleeding than the ergot. I could not feel a trace of pulse, the skin was drawn tight and she was thoroughly depleted.

Hæmorrhage from the Bladder.

Dr. Rowland.—I have used ergot with very happy results in various cases of hemorrhage, but in one I failed altogether and turpentine was the remedy which succeeded. It was a hemorrhage from the bladder. I gave as high as a drachm every hour for several hours and then gave it hypodermically but it did not check the hemorrhage, I gave spirits of turpentine in large doses; this did not stop it immediately but it gradually abated and finally ceased altogether.

Dr. Loftus.—How much turpentine did you give?

Dr. Rowland.—I gave ten drops every hour for a time. I used ten grain doses of gallic acid and twenty drops of the aromatic sulphuric acid before I did the ergot, but with no effect.

Er. Dibble.—While I was interne at the New York Hospital, Dr. Fordyce Barker, who had removed a small firoid, gave half an ounce of Squibb's extract of ergot every fifteen minutes, there is no danger of poisoning, I would not hesitate to give any quantity under the circumstances.

Dr. A Green.—A patient came to me with hemorrhage of the bladder to whom a physician had given all these remedies but without effect. I injected a solution of tannic acid through the penis into the bladder with the effect of stopping the hemorrhage.

Dr. Chancellor.—A gentleman, twenty-seven years of age, from the country, came into my office bleeding considerably

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from the bladder through the penis. For two days I tried fluid extract of ergot, which failed totally. I then resorted to turpentine and gave him ten drops every two hours and he returned in twenty-four hours entirely relieved, it was a most excellent result.

DR. ATWOOD.—I suspect that the value of turpentine in these cases is rather due to the fact that it acts upon the kidneys rather than upon any other organ.

Acromeurosis.

DR. POLLAK.—An old washer-woman, nearly 60 years of age, came to me dragging her left leg after her and hardly able to make a step with it. She said she had had an attack of apoplexy which had left her in this condition. She said she had very good use of one of her legs and of one of her arms. On grasping one of her hands she had a strong, powerful grip but with the other hand she could hardly feel. The leg which was affected was the opposite one, I think it was the left leg and the right hand that were affected. She told me that her leg felt very hot from her hip down and that it was so hot often that she was obliged to get out of bed at night and go out into the yard and pour cold water over it; that she couldn't sleey without doing so. The arm on the contrary was cold, she said it felt like ice, all the way from the shoulder down, to the touch and to the thermometer the temperature seemed normal, I suepected that there was some spinal trouble but the physician who attended her called it simply apoplexy.

DR. MEISENBACH.—Was there any facial paralysis?

DR. POLLAK.—No sir, nothing but this paralytic condition of the leg and arm. She could walk but it was simply by dragging that foot along.

DR. CHANCELLOR.—Is she a confirmed hypo?

DR. POLLAK.—I do not know, she came to me to get relief for this trouble of her leg and arm. Just as she appeared I had read a very interesting article on this subject in which the author described her case almost exactly. She was naturally very sluggish and generally constipated. I insisted upon her taking a purgative pill every night and used massage on her back all along the spine, she used nothing else.

Hysterical Œsophalgia.

A man about forty years of age, quite tall, about six feet one

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inch at least, and very thin, and who was the farther of nine liv- children, consulted me. He had been in good health and had never known an hour's sickness in his life; but from January of this year he commenced to feel pain in his stomach. When he ate he felt pain and oppression in his stomach which gradually increased to such a degree that eating became very severe labor and he insisted upon it that he could not swallow anything; whenever he tried to swallow anything he regurgitated it. When it was once in his stomach he felt comfortable enough. I told him after exaining him very carefully that there must be some tumefaction or constriction of the œsophagus and begged him to allow me to use the œsophageal bougie to find out whether there was any stricture; but he would not submit at all, I injected five droqs of a one-grain solution of morphine into the stomach and then made him wait a little while, while I went into breakfast, I came out bringing a cup of coffee and a slice of bread and butter and commanded him to eat it. He drank the coffee and ate the bread and butter and felt comfortably afterwards. I told him to come back the next day, giving him no medicine, and the next day he came back and I begged him to allow me to use the bougie. He was inclined to refuse but his wife persuaded him and I introduced it with perfect ease; there was no difficulty at all. The next week he went to work. I have not seen anything of him since. I think, however, it is a case of hysterical œsophalgia, which is very well for rich people but how a poor man with nine children can indulge in an hysterical œsophalgia I do not understand.

DR. THORNTON.—Sometimes we have a peculiar manifestation which has been termed dysfagia lusoria. It is caused by anomaly of the origin of the right subclavian artery passing over the œsophagus behind the trachea. Sometimes it is permanent and sometimes not, it will sometimes appear for two or three weeks at a time and then disappear.

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Book Reviews.

Article LIII.

A Reference Handbook of the Medical Sciences. Prepared by writers who are experts in their respective departments. Illustrated by chromolithographs and fine wood engravings. Edited by Albert H. Buck, M. D. NewYork City. Vol. I. Quarto. pp. 808 [NewYork:—Wm. Wood & Co. 56 and 58 Lafayette Place. 1885.

"This is a complete and convenient work of reference for information upon topics belonging to the entire range of scientific and practical medicine, and consisting of a series of concise essays, and brief paragraphs, arranged in the alphabetical order of the topics of which they treat."

It is intended that there shall be eight volumes to this handbook, each containing about 800 pages. Volume I covers the ground from aac—cat. The ground is fully covered, and is fully illustrated, there being in this volume 586 engravings besides 4 plates of chromolithographs.

That this work will, in a great measure, take the place of the lesser books is undoubted. The editor, with his corps of collaborators has culled from not only the literature of the world but also from the unpublished experiences of learned and leading men and so arranged the matter that it is in the most acceptable from.

Subjects of a practical nature have received the lion's share of space and thus the value of the work is greatly enhansed. Those who have not already subscribed for this excellent work should do so as soon as their means will allow.

A System of Practical Medicine.—By American Authors. Edited by William Pepper, M. D., L. L. D., Assisted by Louis Starr. M. D., Volume III. Diseases of the Respiratory, Circulatory, and Hæmatopoietic systems. Royal octavo. pp.

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1031. [Phila.: Lea Brothers and Co. St. Louis: E. Holdoway and Co. 607 N. 7 th. St. 1885.

Already have we spoken with praises of the first two volumes of this excellent work. This volume is fully up to the excellent standard of the previous ones, it contains 55 excellent engravings. While we differ in opinion with some of the authors views in diseases of the respiratory tract yet we can heartily commend the work as a whole.

A SYSTEM OF OBSTITRIC MEDICINE AND SURGERY.—For the student and Practitioner. By Robert Barns, M. D., and Fancourt Barns, M. D., illustrated with 231 wood-cuts. 8 vo. pp 884. [Phila.: Lea Brothers and Co. 1885.

As the title indicates this work combines all the branches of obstetrics and does not seperate them as is so often done by authors, much to the detriment of their works. The authors long personal experience in this branch of the "healing art" besides his command of language makes him eminently fit to edit such a work. The author in his perface, holds that obstetrics is not a specialty and, in attempting to prove this, he presents some very unique arguments that may be applicable to English specialists but do not in the least touch American specialists. He says, in substance, that specialists carry a case to a certain point and then call in a surgeon or some other specialist to continue the case, while he asserts with strengh that "He only deserves to be set down as a specialist who narrows his field of visions by the limits within which the prejudices transmitted by ignorance and arbitrary custom would bind him." We will with equal strength deny his allegation, so far as American specialists are concerned, and assert that specialists, in this country, allow no limits to their investigation of their chosen branch of medicine but seek in every branch of science whatever will shed light either upon the aetiology or treatment of their cases, nor do they pass the case along to the surgeon but have by study and experience become the microcopist, diagnostitian, physician and surgeon in their particular branch.

This work will be of the greatest value to the "*specialist*," on this branch of the medical science.

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A TEXT-BOOK OF PHARMACOLOGY, THERAPEUTICS AND MATERIA MEDICA. By F. Lander Brunton, M. D., D. Sc., F. R. S. Adapted to the United States Pharmocopœia By Francais H. Williams. M. D., of Boston Mass. 8 Vo. pp. 1035. [Phila.: Lea Brothers and Co. 1885.

Like Æsophoclese famous Panygeric it has taken full fifteen years for the Author to prepare this work. The constant and rapid progress made in the knowledge of drugs and their action has kept the author continually revising and rearanging his manuscript. Also, as the work grew the desire to give to the medical profession a complete and concise tretise on this subject grew upon the author and led him to make fuller and more delicate experiments, not only to substantiate his views but to try if possible to discover new properties and place our knowledge of therapeutics and pharmacology upon a surer and more substantial basis.

The author has given in a clear and terse manner the normal functions of the different tissues of the body before pointing out the changes effected in those tissues by the drug under consideration. This will enable the student and practitioner to more firmly fix in his mind the properties of the remedy and at the same time will school him in the pathology and physiology of disease. The composition of many pharmaceutical preparations have been given only to serve the purpose of reference and, as the author rightly says, it is usless to require that we shall learn by rote the quantities of the different remedies in all the officinal compounds. The fact that this excellent work has been adapted to the U. S. Pharmacopœia adds greatly to its value.

THE SCIENCE AND ART OF MIDWIFERY.—By William Thompson Lusk. A. M., M. D. New Edition, revised and enlarged, with numerous illustrations. 8 Vo. pp. 763. [NewYork: D. Appleton and Co. 1. 3 & 5 Bond St. 1885.

The third edition of this well known text and reference book has been fully revised and those views that formerly were stated as theories have either been omitted as unworthy of credence or restated as facts that have been scientifically demonstrated to be true. The author when writing the first edition could not

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have hoped that his work would be so extensively read nor that in time his thoughts and teachings would be so eagerly sought after, and the fact that this work has already been translated into Spanish and French and that at the present time an edition in Italian is being prepared, not only reflects the greatest credit upon the author but also upon the American Profession of Medicine at large. No more can the European profession ignore the Americans and, even though unwilling, they will have to share with their western brethren the honors of learning. More and more are Americans with that peculiar energy and agressivness advancing to the front ranks in the Arts and Science of Medicine and Surgery.

APPLIED MEDICAL CHEMISTRY.—A manual for Students and Practitioners of Medicine. By Lawrence Wolff. M. D. 8 Vo. pp. 174. Price, $1.50 [Phila.: P. Blakiston, Son & Co. St. Louis: St. Louis Book & Stat. Co. 1885.

The object of the author has been to collate from the exhaustive chemistries such practical information as will be useful to the student or practition of medicine. He has been eminently successful in his work and has given to the profession in a condense form knowledge that will enable him to put to a greater use this branch of medicine.

PHYSICIAN'S VISITING LIST. P. Blakiston & Co. 1886.
For 25 patients weekly $1.00.
For 50 patient weekly $1.25.
For 75 patient weekly $1.50.
For 100 patients weekly $2.00.

This is the thirty-fifth year that this popular visiting list has been issued; from its past general acceptation by the profession it bids fair to always remain the one most commonly in use.

PRACTICAL SURGERY. Including Surgical Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excisions of Bones and Joints. By J. Ewing Mears. M. D., with 490 illustrrtions pp. 794. Cloth $3.75., Sheep $4.75 [Phil.: P. Blakiston Son & Co. St. Louis.: St. Louis Stat. & Book Co. 1885.

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While this book cannot take the place of the larger and more exhaustive treatises on surgery it fills a want and is an admirable *Practical* surgery. The work is well edited and the typographical portion is fully up to the standard of this excellent publishing house.

POST-MORTEM EXAMINATIONS. With especial reference to Medico-legal practice. By Prof. Rudolph Virchow. Translated by J. P. Smith, M. D., M. R. C. S. with additional notes and new plates from the fourth german edition. pp. 138. Price $1.00. [Phila.: P. Blakiston, Son & Co. St. Louis. St. Louis Stat. & Book Co. 1885.

It would be an excellent idea if some such plans as indicated by the author in this work were adopted by the American physicians in making port-mortan examinations. From a medico-legal stand-point nothing is of so much importance as thoroughness in this respect. Too often are the reports meagre and faulty in certain details. The engravings are excellent.

MANUAL OF THE DISEASES OF WOMEN, being a Concise and Systomatic Exposition of the Theory and Practice of Gynæcolgy. For use of students and practitioners. By Charles H. May. M. D. 8Vo. pp. 357. [Phila.: Lea Brother & Co. 1885.

This is a compilation and résumé of the writings of the various authors. It is intenbed for the use of those who, after having carefully perused larger and more exhaustive works, desires to review the subject. Which purpose it will answer admirably.

MILK ANALYSIS AND INFANT FEEDING.—By Arther V. Meigs, M. D., 8Vo. pp. 102. Price $1.00. [Phila.: P. Blakiston. Son & Co. 1885.

This is "a pratical treatise on the examination of human and cows' milk, cream, condense milk, etc." The subject is of great practical importance and has already caused much controversy. The author thinks the amount of casien in human milk has been greatly overestimated. He gives the following as his analysis of the milk from 43 women.

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Water	87.163
Fat	4.283
Casein	1.046
Sugar	7.407
Ash	.101
Total	100.000

According to this author the following is the best mixture with which to feed children who for any reason are unable to be succled:

10 c. c. of cream.
5 c. c. of milk
10 c. c. of lime-water.
15 c. c. of water.
2. 2 grains of milk sugar.

THE MANGEMENT OF LABOR AND OF THE LYNIG-IN PERIOD.—A Guide for the young Practitioner. By Henry C. Landis, A. M., M. D. 8 Vo. pp. 334. [Phila.: Lea. Brother & Co. 1885.

This, according to the authors preface, is not intended as a text-book for medical students but only as a guide to the practitioner. It is taken for granted that there is "an acquaintance with the anatomy and physiology of the parts involved, and of the mechanism of normal labor." To one who is thoronghly acquainted with these the book may prove of value.

A TEXT-BOOK OF NURSING. For the use of Training Schools, Families, and Private Students, Compiled by Clara S. Weeks. 8 Vo. pp. 393. [New York: D. Appleton & Co. 1885.

Too much praise can not be said of this work. Edited by one who has had practical experence in the trails of this very necessary branch of the healing art, it is well calculated to do a great and good work.

The whole ground is thoroughly and systematicaly gone over, and the reader is taught just what to do and how to act so as to be of great service both to the physician and patient. The reading of prescriptions, administration of medicines, with a reference table as to the proper doses of remedies, and in numerous ways it points out what can and should be done by the nurse, thereby relieving the physician or surgeon of those anoying vexations so often arising. No better advise could be given the parents of families by their physician than that they should ob-

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tain and study a copy of this work and in doing so fit themselves the better to take care of the sick whenever the occasion may arise.

A TRIBUTE TO CAMILLA URSO. By Chas. Barnard. [New York U. S. Lyceum Bureau—

This little pamphlet, intended we suppose, as a mere advertisement of the fact that Camilla Urso has reëntered public life and will appear upon the concert stage this winter, is nevertheless a well written tribute to one of the noblest women, as well as accomplished musicians who have ever appeared before the American people. No one who has ever heard the strains of her violin can ever forget the wonderful depth and pathos of her music, and though it is many years since the writer himself had that pleasure, the recollection of it draws from him this tribute, compled with the sincere wish that she may give Saint Louis people a chance to hear her divine harmony ere she retires premanently into private life. F. L. J.

RATIONALISM IN MEDICAL TREATMENT. By William Thompson, Boston. Published by the author. 1885.

This little brochure, elegantly printed on one side of heavy laid paper, and gilt-edged in every respect, is a sort of "voice of one crying in the wilderness," being the fore-runner or herald of a larger work to be issued by the same author on the same subject, viz: the restoration of the doctrine of chemism in the treatment of disease. It is intended for laical readers whom it will no doubt vastly edify. In the meantime we await with interest the issuance of the real *opus magnum* of the author.

NEW YORK AND BROOKLYN FORMULARY Of Unofficinal Preparations; New York, College of Pharmacy Publication office, 1885. (Second Edition.)

This little volume of unfficial preparations which is compiled and published by a joint committee of delegates from the College of Pharmacy of New York City, the New York German Apothecaries Society and the Kings County Pharmaceutical Society, has as a *raison d'etre* the most praiseworty desire of its authors upplant with nonsecret formulae the multitude of secret nos-

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trums which by dint of liberal advertising and unlimited lying and puffery have been foisted on the public and to carry which requires a heavy capital on the part of the apothecary. There is also a large class of really valuable preparations some of which have not yet found a place in the pharmacopœias, and which are manufactured by various wholesale houses after widely varying formulae, elixirs, syrups, emulsions, etc. coming under the head of Elegant Pharmacy. It is the aim of this little work to bring these into harmony with each other, and have them manufactured by a single standard, so that the prescriber who wants an emulsion of cod-liver oil, or a syrup of hypophosphites will not have to stick Jones' name to the one, or Smith's to the other in order to ensure the dispensing of the right thing. F. L. J.

PRACTICAL THERAPENTICS. By Edward J. Birmingham A. M., M. D.; [New York, J. R. Bermingham 1885.

This work is a compilation of formulæ and practical hints on the treatment of disease, gleaned from the published ephemeral writings of a limited number of physicians, some of whose names are very widely known, and others of comparative obscurity. The author has displayed sound judgement in his selection and has prepared a manual which will meet the wants of and prove a boon to a very large constituency—one embracing that numerous class known as "busy practitioners" who have not the time or facilities for reading or consulting special treatises on therapeutics. The practical tendencies of the authors are well illustrated by the method which he chose in the arrangement of the contents of his book—one by which it may be consulted on any given subject with a minimum expenditure of time and trouble—an end attained by a full and compendious table of contents aided by a very complete index. The book is well printed, in large clear type on good paper and is strongly bound in cloth. It is interleaved with blank pages, which is also an excellent feature, since it enables the physician to convert it into a sort of therapeutical index rerum or scrap-book which in time becomes exceedingly useful as a book of reference. F. L. J.

TECHNOLOGY OF THE BACTERIA INVESTIGATION. By C. S. Dolley, M. D. [Boston: S. E. Casino & Co., 1885.

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The publishing house of Cassino & Co., who have sent out in the last two or three years so many scientific publications have never offered the working microscopist a more timely and valuable work than the one which is the subject of this notice. Within the space of 250 pages 16 mo., the author has given almost everything of any real worth bearing upon the technology of the investigations of microscopical vegetable parasitic life. He has assorted, filtered as it were, the experimental methods of Koch, Ehrlich, Weigertz, Pasteur, Klebs, Gibbs and others and has given only those which have stood the best of experience. The first part of the book is devoted to the general microscopical preparations, the study of living and of fixed forms, first without staining and afterwards with the aid of selective staining. The methods of preparing the bacilli of anthrax, glanders, leprosy, septicæmia, tuberculosis, pneumonia, rabies, etc., are given with clearness and minutness. The second part is a practical treatise on the culture of bacteria, giving descriptions and cuts of the vessels and media used, the manipulations and instruments necessary etc. Chapter III deals with the vaccination and inoculation, methods of investigating the pathogenic bacteria—such, for instance, as the bacterium anthracis, tuberculosis, chicken cholera etc. Engelmann's and Metschnikoff's methods of study by biological analysis close this portion of the work, which is rounded off and completed by a full list of formulæ used in the study of bacteriology. In one of these formulæ, by the way, the author has made an omission which is quite important. I refer to that for beef peptone solution (p. 251) in which there is no mention of pepsin or a peptonizing agent. A most valuable feature in the book is the grouping at the end of each section of the literature on the subject. Altogether the work is heartily to be recommended. F. L. J.

THE USE OF THE MICROSCOPE IN CLINICAL AND PATHOLOGICAL EXAMINATIONS. By Dr. Carl Friedlaender. Second Edition. Translated by Henry C. Coe, M. D. [New York: D. Appleton & Co., 1885.

The issuance of a second edition of this little work of Dr. Friedlaender in so short a space of time after its first appearance (less than three years) is proof sufficient of its utility, and of the favor it has met at the hamds of practical microscopists, not

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only in Europe but in this country. By the physician who uses the microscope in his daily practice—and the man who fails to avail himself of its aid cannot hope to keep abreast of the progress of his profession—this book will be found invaluable, giving, as it does, the results of Dr. Friedlaenders many years experience in the great pathological laboratory at Berlin. The improved and simplified methods given in this edition (and which are not found in the first one) cannot fail to be of great assistance to one engagued in the study of that great field of research grouped under the generic title of bacteriology, but which really embraces the entire list of vegetable parasites. The first two chapters are devoted to the manipulation of the microscope, its accessories, illumination, etc., and having in view only such apparatus as is used in the Berlin laboratory (mostly Abbe's) are not as full as the American student could wish. It is therefore to be regretted that the American translator had not added a chapter on the choice of a microscope and the manipulation of purely American forms of apparatus. F. L. J.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By Henry M. Lyman, A. M., M. D. [Chicago: W. T. Keener. 1885.

Under the title given above Dr. Lyman has presented the Medical Profession with a most readable and valuable monograph on the phenomena of physiological and patholical sleep, including those of mesmerism or induced hypnotism. As well said in in the authors preface the regularly recurring incidence of natural sleep forms one of the most important subject for physiological investigation. Were it an event of rare occurrence it would incite a degree of astonishment and alarm equal to the agitations now experience by the spectator of an attack of syncope or of epileptic convulsions, But so completely does its recurrence harmonize with all other facts of life that we are as indifferent to its nature as we are to every other normal function of the heathy body, and it is only after we have commenced to critically examine the phenomena which precede and accompany this "sweet restorer of tired nature" that we begin to comphend its wonderful character. It is then that we find out for ourselves and probably for the first time appreciate the close analogy between the temporary loss of consciousness, called sleep, and the extinction of the functions of life, called death—an analogy or resemblance,

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which, again to quote the author, has in all ages and among all peoples arrested the attention of poets and philosophers.

The work is divided into seven chapters or sections, in the first of which we have a critical study of normal sleep, the modifications during its invasion and continuous, its causes, etc. In this section also we have a dessertation upon the difference between syncope and sleep; upon coma, lethargy, trance or apparent death etc. In the second, third and fourth sections we have the phenomena of insomnia or wakefulness, the causes of and remedies for the same, together with the treatment found most successful in the insomnia of particular deseases, as in acute phrenic affections, insanity, alcoholism, angina, asthma, pregnancy etc. This and the preceeding chapter are especially valuable to the practitioners as the author has collated a fund of information upon the therapeutics of insomnia not found in any other work with which we are acquainted. Very interesting and entertaining are the chapters on dreams and semnambulism. The last chapters treats of the wonderful phenomena of induced somnambulism or hypnotism. This portion of the work is not as complete as the others, since it was written and printed prior to the latest revelations in this direction, resulting from the experiments of Charcot and the French investigations of the Societé de Biologie, such for instance as induced stigmatisations, etc. F. L. J.

THE MEDICAL NEWS VISITING LIST. For 1886, Issued by Lea Brothers and Co. 706 Sansom St., Pdiladilphia, is a complete pocket-book of useful memoranda for physicians and surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating 30 patients *per diem*. It is wallet form, with tucks, pencil, etc., and strongly bound in red seal leather. Provided with thumbletter index. firice $1.25 at which rate it will be mailed by the publishers to any point within the postal union.

THE PHYSICIANS POCKET DAY-BOOK. For 1886, designed and published by Dr. C. Henry Leonard, Detroit, Mich. This well-known annual keeps up the reputation, earned in former years, of being one of the most complete. It has accomodations for charges for a practice of 50 patients *per diem*, an obstetrical record separate from the daily routine of practice, cash account etc.

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The binding is good and substantial morocco, the book being provided with tucks etc, Price $1.00, with name etc, $1.25 to $1.50.

How to Use Listerine. [St. Louis: Lambert Phar. Co. 1885.

A book of formulas showing the ground covered by this remedy, and presented, in a very neat form, to the medical profession.

The Medical Bill. As Construed by the Attorney General in an Interesting Opinion. The Right to Engague in the Practice of Medicine, Subject to such Restrictions as the Legislature may Reasonably Impose, also:
Attorney General Hord's Opinion as to its Retrospective Action. An Argument Suggesting some doubt Regarbing the Constitutionality of the Act, which should be Settled by the Courts.

These are two very interesting reports and we would that we could give them in full, but lack of space forbids. We are indebted to Dr. John Bradstreet, of Indianapolis, Ind., for them. Anyone interested in this subject can, no doubt, obtain copies by applying to Dr, Bradstreet.

Proceedings of the 19th Annual Session of the Mo. Press Association held at Columbia, Mo., June 2nd and 3rd, 1885. Columbia Herald Print.

A very handsome specimen of printing indeed and quite a credit to the taste and skill of the Herald.

Books and Pamphlets Received.

Article LIV.

Note Those marked with a * will be noticed further next month.

* The Pedigree of Disease. By Jonathen Hutchinson, F. R. S. [New York: Wm. Wood & Co. 1885.

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The Surgical Treatment of Diseases of the Pancreas. By N. Senn, M. D., of Milwaukee, Wis. Rept. *Jour. Am. Med. Ass.*

An Illustrated Catalogue of Photographic Cameras, Lenzes, etc. W. H. Wamsley & Co. 1016 Chestnut St. Philadelphia.

* Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting at Springfield, Oct. 29th and 30th, 1885.

Programme of the Proceedings of the Second Annual Meeting of the N. Y. State Medical Ass. Nov. 17, 18, 19. 1886.

Avena Sativa in the Treatment of the Opium Habit, a Therapeutical Fraud, a Delusion and a Snare. By Dr. J. B. Mattison, Brooklyn, N. Y.

Bulletin of the Tennessee State Baord of Health for the Months ending Sept. 30th and Oct 31st, 1885.

Iretis, its relation to the Rheumatic diathesis, and its treatment. By Chas. J. Lundy, A. M., M. D. Rept. Sept. No. *Phy. & Surg.*

* Bulletin of the Ill. State Laboratory of Natural History. Vol. II, Article 3. Parasitic Fungi of Ill. By T. J. Burrell. Part I. 1885.

First Annual Report of the N. Y. Cancer Hospital, 1885. With Albertype of the buildings etc.

Proceedings of the 12th Annual Meeting of the Oregon State Medical Society held at Portland June 8th and 9th, 1885. E. P. Frazer, M. D., Secretary.

Transactions of the South Carolina Medical Association, 35th Annual Session, held at Charleston, April 21 23, 1885. J. L. Dawson, M. D., Corresponding Secretary.

Trichina Spiralis and Trichinosis, Including an Examination of Indiana Hogs. Prepared under the direction of the Indiana State Board of Health, by Thos. B. Redding, Ph. D., M. D., F. R. M. S., etc., Newcastle, Ind.

History of the Clamp Suture of the late Dr. Marion Sims, and why it was abandoned by the profession. Nathan Bozeman, M. D. Rept. from Vol. IX Gynæcological Transactions.

* Sectures on Diseases of the Nose and Throat, Delivered during the Spring Session of Jefferson Medical College, By Charles E. Sajous, M. D. Illustrated with 100 Chromolithographs and 93 Wood-cuts. 8 vo. pp. 439. [Phila.: F. A. Davis, Atty. 1217 Filbert St. 1885.

Physiological Action of American Aconites. By Roberts Bartholow, M. D,, LL. D. A preliminary note of experiments with Aconitum Fisheri, to determin its physiological actions.

Note on the use of Cocaine in Hay-Fever. By Roberts Bartholow, M. D., LL. D.

Hereditary or Degenerative Ataxia: Six cases in one family: Death of one case and Autopsy. By W. Everett Smith, M. D. Reprint *Boston M. & S. Jour.*

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THE SAINT LOUIS
Medical & Surgical Journal.

VOLUME XLIX——November, 1885.——No. 5.

Original Contributions.

ARTICLE LV.

THE CAUSES OF SEXUAL DEPRAVITY.—A REMEDY.* By EUSTATHIUS CHANCELLOR, A. M., M. D., of St. Louis.

The recent appalling revelations at home and abroad as given us through the medium of the press, have caused the moralist no small amount of cogitation, the head of the family many unhappy and restless nights of insomnia; the teacher and guardian alike to watch more zealously the protection and welfare of those entrusted to their custody. The populace of two continents with their sages and scientists have discussed this question in private and public, reaching only the baneful and final effects, and ignoring the innocent and initial causes of sexual depravity. As we trace human history in all of its changes and vicissitudes, the developement and degradation of individuals, the institution and decline of societies, the establishment and overthrow of governments and even to the rise and fall of nations; we readily find that vice and crime, dissipation and debauchery, disease and premature death are traceable more to ignorance and abuse of the sexual organs and the sexual functions than all other causes combined. A veil of timidity which we conspire to throw over everything connected with the reproductive function, serves some useful ends; but this knowledge, which so vitally concerns the happiness of every individual, has seemingly been kept dormant too long, and the slightest allusion to the subject is apt to be rigorously prohibited and perhaps branded as obscenity, the result is "that there is a great deal of ignorance on these questions and still greater amount of half know-

* Read before the St. Louis Medical Society, November 28th, 1885.

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ledge, which is more dangerous than either total ignorance or the fullest information."

There are many who are "too nice" to have this subject agitated in any manner to young people, believing that they should be kept in total ignorance until nature indicates that they are capable of receiving instructions. This would possibly be the universal opinion were it not known that children have a vague idea of the sexual relations long before puberty and often at a very early age. Children as well as young people, if they do not seek the information from parents about the mysteries of life, they will satisfy their curiosity by appealing to older and better informed companions, who have an innate knowledge, coupled with lust and sensuality, which information must necessarily prove disastrous and pernicious, generally, in fact, it is of a most corrupting character, and the clandestine manner in which it is obtained is itself corrupting and demoralizing; yet a more destructive means of obtaining this coveted knowledge than is commonly reckoned, is through nude pictures and obscene literature, which are secretly circulated among the youth of both sexes and vastly to their detriment. We can not censure the little innocent ones for thus obtaining (in some manner) the hidden information, which otherwise acquired would endown to their happiness and welfare, but it is true in the household as well as in the school room, that we denounce and actually deprive them of the means nature is constantly asserting to make known, and just at the time of life when the instincts begin to bud forth and emotions are ripe for instructions.

We vouchsafe, as soon as boys and girls manifest any curiosity in this direction, or new sensations indicate that sexual instinct is beginning to awake, the knowledge should be imparted to them through their parents. But how few well educated and cultured parents understand giving this information, not having received this early training, nor being conversant with anatomical technicalities, which prove a barrier to enlightenment, they leave their children to grope in ignorance and darkness rather than approach this "so delicate" a subject, for fear of causing a suspicion that they are too familiar with the silent topic, and can not bear the scrutiny of virtue. How many ruined young men and women are thrown upon the cold world from the homes of loved ones, whose errors and infirmities would, in all human probability, never have occurred had their parents or

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some intelligent friend in early life, instructed them in what every child should know as soon as it is able to understand—the use of the sexual organs. It is a known fact that parents and nurses are in many cases the cause of premature sexual inclinations; the too frequent toying with children in the bath or cradle encourages manifestations of passion, and if not averted in time will result extremely calamitous—and yet, how frequently is it the case that hereditary transmission may be clearly traced in children, whose parents were given to abnormal sexual propensities; for, says a prominent writer, "parents frequently live over again in their offspring, for children certainly resemble their parents not merely in countenance and bodily conformations but in the general features of their minds and in both virtues and vices." How can we then reprimand children who are yet in babyhood, for being mature and precocious, when we reflect that their parents have cast upon them in their degraded animal indulgence, the irrepressible inclination to sensuality. The nocturnal incontinence of urine, so common in children, should cause some apprehension with parents, as well as the morning retention, often depends upon a more or less perfect priapism; for not unfrequently, are these omens of premature sensuality due to irritable bladder, worms in the rectum, phymosis, uncleanliness, etc., which are neglected by parents, but some even vauntingly assert that this sexual passion should be encouraged, and even with vain ostentation, speak of this proclamation of nature which they exhibit so indelicately, as the result (too often) of their animal frailties. Infantile flirtations are not the least pernicious of juvenile associations; the fashionable tea-party and doll-baby conferences among girls and boys, not yet in their teens, are a source of solicitation and often the first step to sexual depravity, yet we do not wish to be understood as denouncing these innocent pastimes for children, but merely to call attention to an avenue of abuse. The animation and excitement of city life, with socials, hops, rinks, theatres, etc., tend materially to advance the sexual passion in boys and girls and thus hasten the abnormal precocity which is so innocently pictured in the country lad or lass.

School life, though surrounded with many pleasant associations and recollections, is not always the most wholesome for the physical care of children. The advantages for co-education are paramount, but there are also certain evils which are liable to arise

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from this arrangement. The relationships which exist under a parental roof may tend to virtue, but the same freedom if carried to school-room and boarding houses become an incentive to vice. The unconstrained conversation and manner of the youth of both sexes toward each other at school is a common source of sensuality. The innocent bashfulness and blushing cheek of his mothers's boy soon wears off from ignorance and counter influences, and many decades may pass before the evil can be corrected. The common practice in some schools of taxing the children mentally and physically with work, and often, just at the critical period of life, truely has a tendency to palsy their efforts in the pursuit of knowledge and wreck their delicate constitutions, thus paving the way to vice the most ruinous and degrading that mortal beings can perpetrate. Masturbation or self-pollution may be begun in a little infant at its mother's breast, and from its frequent repitition, may be continued through youth and even to old age. From the droll-idlenes of school hours, and aside from the necessary recreation of recess, this vice is most universally engendered. This debasing practice is not alone confined to boys, but girls as well indulge in it and from their initiation not alone in public or city schools, but in most select and private schools, they become slaves to an irresistable passion which though hidden from parents and teachers, who do not entertain a moments thought that their good children and obedient pupils foster a habit so destructive of vital energies, the physical as well as the mental powers. How *terrifying* is the ignorance of parents in regard to this latent or secret vice? The corrupting associations in school are no greater than are found under parental care; for the manner in which many children are feasted and banquetted, in all the luxuries of a millionaire's mansion with irritating food and stimulating drinks, hastened to bed before they are sleepy or weary, with ladened stomachs and a full bladder, feathered beds and a warm room, they thus destroy their vital forces and give way to idleness, sexual precocity and self-abuse. It cannot be denied that the ignorant nurse is in many cases the demoralizing agent in leading children astray, and equally efficient is the man-servant and maid-servant, who tender gratuitous this baseful information, not mindful of its disastrous consequences, for having been such apt scholars and barely escaped death's door, are too willing to increase their ranks by leading others through

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this broad road to destruction. Boys are often taught through parental example and evil associations the use of tobacco and alcoholic beverages, which habit is soon acquired and leads to self-abuse by producing sexual excitement.

The diet if not properly guarded in children as well as after puberty, is a source of much evil and has an influential bearing upon the sexual organs, after nightfall is this especially true, causing unchaste thoughts, night mare, lascivious dreams, emissions, etc., and many injurious complications. Parents are to prone to neglect the future health of their sons and daughters by providing downy beds of ease with more than ample covering, and permitting them to sleep in ill ventilated compartments, with heavy stomachs, constipation, distended bladders, etc. No greater stimulus to unchastity can be cited than obscenity of conversation, so popular among boys and girls, the telling of unclean stories and foul jokes, which their noble sires have so beautifully portrayed; which after a time become so indelibly stamped upon their fertile imaginations, that the reaction is disastrous.

Fair belles and gossiping spinsters as well participate in the demoralizing tattle at the sewing circle, the choir meeting and drawing-room, though with more refined adjectives and superlatives they draw the picture, clearly and unvarnished of a neighbor's chastity, a pastor's tribulations and a social scandal. This adulteration of the mind is a growing evil in society, and is but the initial step to labidinous acts in some families, the outgrowth of legal scandals.

If there is a class of individuals deserving of sympathy, it is the girls and women in impoverished circumstances, who work for meagre wages with scarcely enough to purchase food and fuel, necessarily plainly dressed, honest and virtuous they mope out a bare existance, sustaining self respect and an untarnished name; others who can not resist admiration and the tide of fashion, are more ambitious to excel in a neat and attractive appearance than worldly respectability, fancy that a life of style and ease is conductive to happiness, being surrounded daily by pernicious associations, the finer feelings of womanhood are inured by repitition and soon shares her "little mite" and person with a rake, as his "kept mistress," without a marriage contract. This one agent (dress) stands at the very head of morbific influences, in causing frailty and degrading women

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mentally. Prostitution weilds no alluring power greater than fashionable dress, and when the fact is known that the demi-monde are to a great extent originators of this enticement, we should not wonder that so many reach their acme of happiness and contentment when so adorned. When a reformation in dress is in vogue and the fashion plates with the low dressed neck, the bare arms, the short skirt, the laced edged petticoat and the fanciful shoes are laid aside, then sensuality and vice will be happily curtailed.

How far the innocent dance—the waltz—can be provoked into sensuality, remains for the connoisseur to answer, certainly there is an immediate influence in stimulating the passions and arousing unchaste desires, and when administered with wine, at the wee hours of midnight, with highly seasoned food, condiments, exuberently plentiful, rich meats, ices and delicacies of all sorts, can not be more insalubrious than the companionship of a cloaked libertine. Courting as is now *a la mode*, in so-called good society, places both parties in a false and abnormal relation, interviews are announced and certain preparations made for them, so that no one can be seen without the customary mask; the absence of parents, a brother or sister in the parlor, the couple sit with lights dimly burning and closed doors, under abnormal sexual excitement, often until long after midnight, the young lady is taught not only to act a theatrical part, but to act falsely, to lie and deceive. Unfairly, social usages deny women the privilege of selecting suitable husbands, which are too frequently very abnormal specimens. But marriage is a necessity with some, that position, rank and wealth is of first importance, and they choose the first to propose, consequently, many are married but not mated. In most cases it may be found in bodily conditions or some congenital defects, as in deformity of limbs or defective development of the genitals or great dissimlitude in ages, for literature affords us abundant examples of mesalliances in the old "who pay the penalty by suicide or martyrs to paralysis, softening of the brain or driveling idiocy." A writer of celibrity states that "the danger of such marriages is serious indeed, for the paroxysm of the nervous system produced by the sexual spasm, its immediate effect is not always unattended with danger and men with feeble and irregular heart action, have died in the act; every now and then, we learn that men are found dead on the night of their wedding", however,

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if death does not soon intervene, the marital relations become repulsive, the young wife breaks the sacred bonds of matrimony and seeks to bridge over an only temporary affection by adulterous amours. In many the fault is in the inharmony or misuse of any one or more of the domestic or social organs. Society should not tolerate the alliance of a young man barely able to take care of himself, much less to provide for a wife and children, the sequel is too often distressing to witness; the neglect and apathy of his spouse and with her love for dress, jewelry and admiration, soon supersedes connubial bliss, the husband is unable to meet the demands of his arrogant and once dutiful wife, she must, and readily finds a market for her haughtiness and carnal propensities which reign supreme. So long as parents teach their daughters that getting married is the beginning and ending of their existence, flirtation, deception and "fancy matches" will be the order of the day, and their habits and manners which they acquire will unfit them for wives or mothers, for they accept "the first fashionable fop or well dressed rake that insults humanity and blasphemes heaven by offering to marriage at all." The run-away marriages and coachman's escapades as daily seen in the papers have their origin in novel-reading and sensational periodicals, being raised in a hot-house of seclusion with tyrannical parents, and where there is no possible admission of beaux, they fall in love with an evanescent and imbecilic dude, or with a dainty whiskered roué whose vices and hair-breath escapes make them all the more interesting, or her father's hired-man, clerk or cashier, who are the only ones outside of family connection, permitted the freedom of the household or the sanctity of a girlish affection. In consequence of which, "the hundred of ragged and vicious children in our streets and poor houses are the result of such marriages, their parents can not nor do they provide for them, and society will not, hence they take care off themselves in the best way they can, finding only sympathy and solace in their congenial co-vagabonds; they know nothing of home nor of a guardian's care, they live out a meagre existence as vagrants, beg or steal, being constantly overshadowed by a sense of self-debasement without shelter and food, the pall of night finds them in an atmosphere of social degradation," until they become martyrs to sensuality.

We are afforded more than ample proof, that most innocent

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young girls and heepless orphans are decoyed to their ruin under flattering "promises of marriage," which are never fulfilled; and too often from total ignorance of the sexual relations and seemingly trivial act into which their vicious Lothairios blindly lead them to effect their criminal purpose.

Many unfortunates marry with no aim in life save for the lustful gratification of their passions, or inspired by emotional excitement, they are legally united and feel that they have a franchise to unrestrained acts of sensuality, thus they make their would be homes the house of legalized prostitution, where ill heath, old age and premature death soon follow these criminal acts of nature, to gastly too mention. Nowhere is sexual depravity more pronounced and publicly exhibited than in large and small cities and in-land towns, among courtesans and cyprians, who mass their forces unmolested and without regard to principle or laws of society, open their vicious dens or brothels and ensnare the good and evil alike. The demons of society, wealth and apparent good breeding, not willing to hazard the perils of a bawdy house, nor having their seemingly good reputations injured by proximate association, find an avenue to their lecherous designs in the assignation house, which are secluded in a quiet and unostentatious parts of a city or village, too often under disguise of "furnished rooms," "music taught", "fashionable millinery," etc., in each an accomplished procuress has a directory of precocious and lewd misses and mesdames, from whose ranks they come to meet a partner in sin for the purpose of gain or simply to satisfy a carnal appetite. Prostitution is coeval with society, and the origin of the human race, and it is useless to say that it can be successfully suppressed, for as long as men eat and drink and parents transmit their libidinous blood, so long will women grant sexual indulgence which have been instilled in them by their progenitors; yet statutory enactments should regulate this growing evil and mitigate the influences which lead to unchastity. More horrible yet are the many inhuman and revolting acts as now practiced by the roues of the "American Hell," who not satisfied with ordinary coitus, and to stimulate their jaded and waning passions have not only introduced the oriental custom of pederastry, but also the buccal act, which we blush to mention, is rapidly growing and superseding the act of copulation. Family physicians and surgeons, thought less of the evil they produce, many times give prostitu-

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tion an impetus by the gratuitous and detrimental information imparted to young men who are victims of self-abuse; thus advise fornication as a panacea for their existing ailments, and many perchance, whose minds and morals are not tainted with unlawful intercourse, have been ruined physically and mentally by the instructions they receive from the most moral and unsuspecting doctor, with this professional barrier to their former virtuous habits, they are irretreivable wrecked and their constitutions oftimes carry through life the imprints of a loathsome disease gotten upon an M. D's prescription.

An increasing and marvelous tendency of the sexual evil is the freedom with which divorces are granted upon most trivial and petty petitions, the early and hasty alliances of new made friends, and now uncongenial partners, are readily broken by the flexible pinions of the law, and unchastity receives encouragement at the hands of judge and jury. The daily scandals and divorce suits (unfortunately perhaps) as ventilated by the press, the misgivings of husband and wife, yea, society would be shocked to know the enormous extent to which this illegal traffic and the delusion of the marriage license, and the imposition upon bright and happy homes (?), are enslaved by the incontinence of a licentious husband and the infidelity of a nymphomaniac wife. At this enlightened age when men and women live by the examples implanted in them by their parents, and encompassed by an artificial state of society, with the miseries and sorrows of wedded life on every hand, and children are reared in ignorance of the duties and responsibilities of the marriage state, consequently, many act wisely by not assuming the trials and afflictions of matrimonial alliances, though it can not be doubted that "true marriage" is the happiest situation of an earthly existence, yet a life of continence has its cares and ills, and by no means are the natural laws imperiled by the celibant, for at all times the health and longevity are promoted by its observance; however, we admit, if carried to an extreme, depopulation will be seriously embarrassed and the social evil receive a stagnation for want of material to apply its nefarious practices.

How can these evils be averted?

Parents have a controlling influence in arresting this precocious depravity and sensuality in their children, if they desire offspring, and that result is possible, let sexual intercourse be

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under the most favorable conditions of the body and mind and not according to convenience nor inclination, but at a time consecrated and set apart for the conjugal embrace, when they are in the most tranquil and comfortable situation.

As is well known, at the time of impregnation, both parties transmit their qualities to their offspring to a small or great extent, according to their peculiarities of constitution, and parents too often overlook the happiness and misery of a future being by sexual indulgence taken hap hazard without rule or reason. The care of the child in utero is of paramount importance and is materially affected favorably or injuriously by the surroundings which influence the mother.

No amelioration can be made for defective organization or morbid inclinations in their children, they are compelled to battle through life with an indelible curse, which their parents in a moments premeditation could have corrected, and now they cannot resist mal-inheritance, but can observe the organic laws with more wisdom and propriety than their parents have done. Those children so born with tainted blood, loathsome diseases and depraved propensities should be trained and developed so as to counteract these entailments, and this can be accomplished by placing around them and before them, the circumstances and conditions which influence them in the right direction. When girls are given an equal chance for education and occupation with young men, and they are permitted to mingle freely and familiarly under guidance of parents and wards in the house, at school, in the shops and stores, (for the influence and association refines, energizes and ennobles each other) they will be free and artless, each will have an intimate acquaintance with all the other's feelings and dispositions.

And finally, gentlemen, we reach a perfect solution of this problem—let the school boards and the directors of education, consider and imperatively command through teacher, governess and professor, in the kindergarten, as well as in the public and private schools, the compulsory education of boys and girls in elementary anatomy, physiology and hygiene; this can be best achieved by commencing on osteology, the relations and functions of the thoracic and abdominal viscera and the organs of special sense, and as they advance with age and discipline, hygiene and the structure and functions of the sexual organs may follow as the first and great desideratum to be gained by a de-

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parture from the ordinary routine of school exercises, which under the old regime favors sensuality and vice, by the coveted manner in which this knowledge is procured. Thus at a proper age they receive instructions upon a subject which they long to know and which we have no right to withhold; in a simple and suitable manner commensurate with their development and inclinations, hence depriving them of an unsavory fascination and false shame which most surely attends its unwholesome communication under other circumstances.

Let this new departure receive attention at the hands of teacher and scholar, and we are confident that two-thirds of the evil and suffering will be mitigated, if not entirely removed.

515 Olive St.

ARTICLE LVI.

CHRONIC CONJUNCTIVITIS.—DEPENDENT UPON DISEASES OF THE INTRA-NASAL TISSUE.* By N. R. GORDON, M. D., of Springfield, Illinois.

There is a form of conjunctival disease, which is dependent upon chronic inflammation of the intra-nasal tissues.

I am not aware that any author has made special allusion to the above subject, but many have given a passing notice, without particular effort to portray the condition of the nasal and ocular mucous surface.

The intimate connection exsisting between the conjunctiva and Schneiderian membrane, through the medium of the vaso-motor and sympathetic nerves, does not require elucidation.

Observation has taught that irritation affecting the ocular mucous membrane is reflexed to the nasal mucous membrane, and *vice versa*; this action takes place through the intervention of the vaso-mator nervous system.

This conjunctival disease is chronic inflammation of the conjunctiva and the connecting tissues, accompanied by increased thickness of the membrane, especially the palpebral portion,

* Read before the American Rhinological Association, Lexington, Ky., Oct. 6th, 1885.

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which is very slightly roughened, giving it somewhat the appearance of trachoma, in a mild form; the tarsal cartilages, tarsal glands, and ciliary follicles are more or less involved, marked lachrymation and photophobia, pain is sometimes intermittant, more severe in the afternoon.

These cases are very chronic in character and possibly in the majority of instances have been cases of tractoma, which may be the legitimate offspring of conjunctival inflammation, the trachomatous growth has either been destroyed by treatment or not appeared as a sequel or complication of the inflammatory action, usually the former condition exists.

My experience does not enable me to give any reliable diagnostic symptom or condition which would aid the discrimination between the idiopathic and sympathetic form of chronic conjunctivitis; that is from the examination of the eye alone; but the diagnosis may be determined by the co-existience of disease of the intra-nasal tissues. This disease of the intra-nasal tissue is usually a chronic rhinitis, of the hypertrophic form, mucous membrane exquisitly sensitive, with an abundant flow of thin mucus. The objective symptoms are those of acute rhinitis with a chronic duration, or with the appearance presented in so-called hay-fever.

A marked and important character of the conjunctivitis is its chronicity. It is not limited by weeks or months, but years; it yields slowly, and only temporarily to the orthodox method of treatment of chronic conjunctivitis.

The patient contracts cold with great ease and frequency, followed by an increase in the already copious flow of mucus from the nasal passages; also an increase in the grade of inflammation of conjunctiva; often muscular rheumatoid pains, especially in patients beyond the meridean of life.

The successful management of this form of conjunctivitis depends upon the proper treatment directed to the nasal passages. Dr. Noyes says, "nasal catarrh often is causative of conjunctivitis, and when such is the case, requires treatment."

Many cases of chronic conjunctivitis that visit the oculist for months to receive treatment of the eye alone, may be speedily cured by directing the treatment to the nasal and post-nasal passages, thus making the ophthalmic treatment secondary in importance, as will be developed in the report of cases.

Vaseline in which is incorporated a small amount of eucalyp-

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tol and pinus canadensis is sprayed in the nasal and post-nasal passages daily until the parts give evidence of improvement, which is usually about two weeks, then less frequent, until patient recovers.

The ophthalmic treatment consists in the application of either plain vaseline, or in combination with boracic acid to the eye. This application, which is made by the patient, should be very free and frequent, three or four times per day with considerable friction. Suitable systemic medication is prescribed according to the indications.

Under this treatment I have seen rapid recovery take place of the severer forms of chronic conjunctivitis, as is shown in the following cases:

CASE I.—Mrs. M—, of M., Ill., æt 53, eyes affected for seventeen years; during the last eighteen months of this time, she states they were in the condition in which I found them at the time of first visit to my office, Nov. 25th, 1884.

The conjunctiva was intensely red and injected, somewhat roughened from hypertrophy of papilla, and epithelium, tarsal cartilages, glands and ciliary follicles were involved, great lachrymation and photophobia. The diffused light from the window caused an increase in pain. She was led by an assistant.

The intra-nasal tissues were found to present the condition characterized by chronic rhinitis with hypertrophy of turbinates, copious flow of watery mucus from the nasal cavities and an increased amount of thin tenacious mucus from the post-nasal surfaces.

The posterior wall of pharynx was ramified by enlarged, tortuous blood vessels, indicating the existence of chronic inflammation. She was treated daily for three weeks at which time she was considered well enough to return home. About the middle of January, six weeks from the time she began treatment, she returned to office her eyes looking well and but little indication of the former disease. Thus within the space of six weeks she was cured and her eyes remain well to the present time.

CASE II.—Mrs. G—, of C., Ill., æt 50, eyes affected for twelve years. At the time of her first visit to my office, June 24th, 1884, her vision was $\frac{2}{C}\frac{0}{0}$ which condition she affirmed had existed for four or five years. Examination revealed practically the same condition as existed in Case I, as relates to the ocular and

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nasal mucous membrane, except a slight degree of pannus which would account for the great loss in vision. This patient took treatment for two months when she was dismissed as cured. She recently informed me by letter that her eyes have remained well; that vision has improved, and, that she is now able to read ordinary print.

Both of the above cases had been treated by eminent specialists with no improvement and one had spent a term of months at Eureka Springs, Ark., without any permanent benefit. Other cases could be reported, but it is deemed unnecessary; these show by the immediate and perfect recovery in each case the efficacy and correctness of the treatment.

PTOMAINES.

The following was written at a lecture on the subject of "Ptomaines" delivered recently by one of the foremost physiological chemists of Jacksonville, Illinois.

In former times our worthy dads
  Surrounded death with terrors,
With heaven and hell and such like fads,
  And corresponding errors.

They groaned, as if by demons chased,
  Before their dissolution;
Kind friends remarked 'twas but a taste
  Of future retribution.

But now we gain relief from toil
  By Doctor ——, assistance;
We shuffle off this mortal coil
  By paths of least resistance.

Behold, how changed the mode, my friend,
  In putrefied digestion!
The ptomain works a painless end,
  But how, ah! there's the question.

For until now in vain we've tried
  To cause their isolation.
O! do those mystic cells divide
  Or grow by conjugation?

But this we know, if all else fail,
  Their lively convolution
Is ended if we place the tail
  In Labarraque's solution.

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Clinical Reports from Private Practice.

Article LVII.

Crede's Operation in a Case of Placenta Prævia. By Wm. T. Easley, M. D., of Coffeen, Ills.

I was called on the night of July 27th. in great haste to see Mrs. H., who, as stated by the messenger, was in a dying condition.

Whan entering the door my attention was attracted by the excessive amount of blood scattered over the floor. On inquiry the nurse informed me she was wasting very much and had been for a day and night at intervals and it required the changeing of the bedding.

I proceeded to make an examination in as speedy a manner as possible and on passing my hand in the vulva it was met by a spurt of blood which demonstrated to my mind there was impending trouble ahead. I introduced my index finger into the vagina and detected a presenting placenta with the os dilated and the head engaged in the superior plane. I introduced my hand into the vagina and adopted Crede's method, by making firm lateral pressure against the pelvic canal until contractions returned sufficient to force the head down, forming a wedge sufficient to check the hæmorrhage apparantly. I then applied the forceps and delivered a fine plump male child weighing 8 lbs. It appeared to be in an asphyxiated condition and had a general cyanotic apparance, but by artificial respiration in a few minutes it began to breathe nicely.

The placenta followed immediately after delivery in a clotted mass. Her pulse was weak and intermittent, at times it was not perceptible. She rallied very soon after the administration of milk and spirits.

Her labors were always slow and generally continued for some time with very severe uterine contractions, at times they ceased entirely. This was her third confinement.

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Article LVIII.

Editorial Department.

Frank M. Rumbold, M. D., Editor and Proprietor.
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The Gods who frequent the galleries of the Dublin theatres are said to have a chronic cause of quarrel with the orchestras. In a row that occurred in the gallery of one of the theatres, some years ago, a gang of toughs had hold of a stranger whom they proposed to throw over the balcony into the pit. Just as they were ready to heave him over a voice was heard crying "Don't waste him! Kill a fiddler wid him!" Savage as the sentiment seems, we have no doubt that were the word "printer" substituted for "fiddler", it would meet with the heartfelt and earnest coincidence and sympathy of those who have been victimized as were some of the writers in our October number. It shall not occur again.

CALL A HALT!

Is it not about time that the disgraceful and disgusting squabble which has been progressing for so many months concerning the International Congress should cease? We have hitherto refrained from any notice of, or participation in, the quarrel, but

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in the interest and name of common decency we protest against a continuance of a discussion which only serves to pillory the whole body of American practitioners, and show them to the world as a herd without a semblance of that *esprit de corps* which lends dignity to the profession in every other country of the globe. Let those who are dissatisfied stay away from the Congress if they so desire, but for heaven's sake "assume a virtue though they have it not" and cease from the vilification and vituperation of others who have evidently acted throughout this unfortunate affair in a manner which they believe to be conservative of the honor and best interests of the whole profession.

F. L. J.

ARTICLE LIX.

Medical Progress.

THERAPEUTIC NOTES.

INTRAVENONS INJECTIONS OF QUININE at the onset of the algid period of pernicious malarial fever, are, according to the report of Dr. Rouvier, surgeon in chief of the French Navy, an almost certain abortive, not merely stopping the chill but absolutely curative of the disease.

THERAPEUTICS OF OTORRHŒA.—Buerkner says that when furuncles or granulations are found in the external auditory canal he has used with much success a pomade composed of one part of red precipitate and 15 parts of vaseline (lard is better). When there is an abundant and fœtid suppuration of the middle ear he irrigates with a one per cent sublimate solution for the first few days. After this he instills a solution of sublimate in water or alcohol of much less strength, from 1 in 1000 to 1 in 500 being found amply strong. He cautions against allowing the mercurials olution to pass into the eustachian tubes and pharynx, as intoxication is almost certain to occur under such circumstances.

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This treatment is especially adapted to old and chronic cases. *La France Médicale.*

NUTRITIVE VALUE OF BEEF PEPTONES.—E. Pfeiffer, of Weisbaden, has communicated to the *Berliner Klinische Wochenschrift* a critical study of the relative values as nutriments, of beef peptones prepared by the formulæ suggested by Koch and Kemmerich, and although the author states that the peptone of Koch has a high value in this direction, that of Kemmerich is the more valuable for many important reasons, chief of which are that it has a grateful odor and taste, is easily soluble in water, and may be given almost *ad libitum* without danger of producing intestinal irritation. Koch's peptone augments the excretion of nitrogenous matter while Kemmerich's decreases it. The latter may be administered by the rectum without producing any irritation, and hence is well suited for use in rectal alimentation.

THE NEW SYNTHETIC ALKALOIDAL ANTIPYRETICS.—At the seance of October 27th, M. Jaccoud reported to the *Académie de Médecine* the result of a critical study of the effects of a very large number of experiments with thalline, antipyrine, and cairine, the report however being more especially devoted to the first named of the synthetic alkaloids. He had used one hundred grammes—50 of the sulphate and a like number of the tartrate of thalline in his experiments, and he sums up by saying that as an antithermic, evanescent in its action, the effects of the drug are very powerful, uniform and certain. When this is said, all is said. The effects upon the cause of thermic accession, the fever producing maladies, are simply "nulle" nothing. Moreover the experiments of the author of the report tend to show conclusively that this refrigeration is merely peripheral, affecting the surface, and leaving untouched the central fires, or actually increasing the febrile combustion. Such an antipyretic effect not only does not assuage the sufferings of the patient but increases them, leaving him fatigued and weakened (*elle le fatigue et l'épuise*). M. Jaccoud concludes his memoire by saying that the agents named are not an aquisition to therapeutics.

CHLOROFORM IN PUERPERAL ECLAMPSIA.—Dr. Bernard, of

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Cannes, relates in the *Gazette des Hopitaux* the case of a lady, a primapara, whom he was called to see in the agonies of eclampsia. "The scene", says he, "was frightful. The patient seemed asphyxiated. Her face was livid and from her throat came only strangling *râles*, while her tongue, which protended from her mouth and was deeply bitten into by the teeth, was swollen, cyanosed and bloody. No clothing could be kept upon her as she rolled and tossed in dreadful convulsions. In the ten minutes which I waited, in the hope that the convulsion would cease, I thought rapidly, and my thoughts were—*chloroform*. She did not show any signs of recovery at the expiration of this interval, and after a vain attempt at delivery with the forceps, with the assistance of a confrere I administered chloroform, not sparingly, but *manu largo*, heroically. She calmed down and slept and with the forceps I took away a living child, and left the paient in the hand of the *accoucheuse*. An hour later I was summoned again and came to find the patient in renewed eclamptic crises. An examination showed that my work was but half finished, another child was to come. Emboldened by the happy result of the first essay, I again gave chloroform, this time alone, and again used the forceps with a repetition of the former result. The next day I saw the patient. She had had a few feeble returns of eclampsia, each weaker than the former. I ordered lavements of cloral and asafoetida, and gave a little valerian internally. Two years have elapsed. The mother and children are alive, fat and hearty—and they owe the fact to chloroform,—chloroform in heroic doses."

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins of the French and German Societies, and Academies.

CRYSTALINE MATTER IN THE FÆCES.—In the fæces of jaundice, the microscope, with very low powers, reveals the presence of acicular crystals, occurring sometimes singly, but more frequently in bunches easily visible to the unaided eye. The abundance of these crystals depends somewhat on the intensity of icterisation, but principally upon the diet of the invalid, becoming very abundant with a diet which includes much fatty matter and disappearing almost entirely under a strict farinaceous regimen. A chemical examination shows the crystals to consist en-

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tirely of magnesium saponate (oleate and stearate). There are also occasionally found ferric saponates in icteric fæces. In the fæcal matter of infants, fed entirely upon mother's milk, crystals of lactate of calcium are frequently very abundant. In human and vaccine milk crystals of saponate of iron are sometimes found, and in the former, iron is frequently found in the shape of suboxide.

ARTICLE LX.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

ELEMENTARY MICROSCOPICAL TECHNOLOGY.

II.

In order to make plain the plan and scope of the present work, and that the student may understand the rationale of the processes through which an object must be carried in its transition from crude material to the finished slide, we will in this present chapter briefly describe the making of a suppositious mount. Each step in the manipulations will be described in detail in the chapters which follow, and will be taken up as nearly as possible in the order in which it comes in the actual progress of the work.

§ VI. We will suppose the object to be a pathological specimen, a tumor for instance, recently removed. It is plain that the direct examination of such an object can only be made with very low magnifying powers, such for instance, as may be obtained by the use of a pocket magnifyer or Coddington lens. In order to reach the histological elements we must use high powers, and these can only be used by transmitted light—that is light sent through the object to be examined. We must therefore contrive a method by which the object, or a *representative portion* of it, may be made translucent. This may be done by

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taking a small portion of the material and mashing it out very thin between two pieces of glass. In former times this method was frequently resorted to, but as it could manifestly yield but very distorted results it has long since been abandoned by those who use the microscope as an instrument of precision. The other alternative at our disposal is the cutting of a section from the object with a very keen knife; and here we meet with another difficulty viz.; the object is (usually) too soft to offer such resistance to the passage of the blade as will enable us to cut a section of sufficient and uniform thinness. It is true that formerly such sections were cut with a Valentine's knife and which were supposed to be thin enough to yield practical results, but the device is now very rarely resorted to. The object must therefore be submitted to a process which will harden it and at the same time preserve it. If we are in a great hurry to arrive at results we may attain the desired end by freezing our object, but we will suppose that in the present instance resort is had to one of the hardening and preserving fluids already mentioned or yet to be described. Having hardened the material, our next step is to cut it into thin sections. Formerly this was accomplished by holding the hardened object in the hand and slicing off a section with a razor. This process is no longer used in exact and scientific work. Free-hand cutting has given place to the microtome or section cutter—just as in exact work free-hand drawing has yielded to photography. The object is therefore transferred to a section cutter to be sliced into sections, and as these sections must be made extremely thin and uniform, it must be securely held in the microtome. It must be arranged so that it can be fed to the knife and at the same time have no lost lateral motion. This necessitates embedding it in some liquid material that will harden around it and hold it firmly in place. This done, the section knife is brought into play and the object is sliced to the requisite degree of thinness. Here we must digress a little in order to explain subsequent operations.

If we take any very thin substance—say a piece of paper, and place it under the microscope in a dry state, we will find on examination that we get a very insufficient idea of its intimate structure. If we moisten the object with water we find that many details of the structure are brought out and shown us which were invisible under the former examination. If instead of water, we use glycerine or Canada balsam, the structure is

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rendered still more distinct, and if the specimen be only thin enough the minutest detail is thus finally brought into view.

Let us suppose, further, that this bit of paper consists of two or three, or more, kinds of fibres, say silk, cotton and linen, all of the same color and so interwoven with each other that it is impossible for the eye to follow the ramifications of either material. It is plain that if we can find a dye or stain which will attack the cotton and not the silk or linen, or *vice versa*; or that stains cotton one shade or hue, silk another, and linen another, the problem of differentiating the elements which enter into the structure is a very simple one.

With these two hints as to the reason why the sections are put through the next two processes, and leaving the philosophy of the same to be explained hereafter, we will resume the progress of our slide toward completion.

The sections as they fall from the knife are received in a vessel filled with fluid—water, glycerine or alcohol, according to circumstances, and when a sufficient number has been cut we pick out one of the thinnest and best, and place it in the staining fluid, where we will leave it while we prepare the glass slip upon which it is to be mounted.

We take for this purpose a piece of clear glass 3 inches long and 1 inch wide, the edges of which have been ground and polished, and placing it on an instrument called a turn table, with a pencil dipped in cement, (the nature of which depends upon the fluid which we shall use as a mounting medium), we spin a ring in the center of it. This ring is large enough and deep enough to receive the object to be mounted, and should be allowed to get quite dry before the slip is used. The object, in the mean time, has been removed from the staining fluid and put through a number of little details to fix the stain, clear away the embedding material, etc., and is now soaking in the fluid which is to serve as a mounting medium the functions of which are to render the object transparent and preserve it against decay. In this instance we will suppose that glycerine has been chosen as a medium. The ringed slip, thoroughly cleaned, is now placed on the mounting box (a frame with a glass top and provided with a mirror so arranged as to throw the light upwards through the top and objects laid on it) and a drop of pure glycerine is allowed to fall in the center of the ring; the object is quickly transferred from the glycerine bath in which it has been lying, placed

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on the drop of glycerine already on the slip, and arranged in the position it is henceforth to occupy; air bubbles are gotten rid of as hereafter explained, the cover glass is applied, and clamped in position; surplus glycerine is washed away and the slip and cover glass carefully and thoroughly dried with prepared blotting paper. The clamp holding the cover glass in place is now removed and the slip transferred back to the turn-table where a ring of cement is spun around the edges of the cover glass. This ring is allowed to dry, and the slip is again washed and carefully dried before a second layer of cement is applied. The final touches which vary according to the taste, skill etc., of the operator are then given to the slide; it is labelled and if the job is properly done, is good for an indefinite number of years.

§ VII. Such, in brief, is the ordinary routine of processes usually employed in making a mount of a pathological or histological specimen of the soft tissues. There are many minor operations, matters of detail, entirely omitted or barely alluded to in the foregoing sketch, while many of the manipulations there described are varied according to the nature of the mounting medium finally chosen; but an analysis of the processes enables us to divide them into three principle groups, as follows, viz;

I. Those pertaining to the preparation of the material.

2. The preparation of the slide to receive the object.

3. The mounting of the object on the slide, including finishing.

§VIII. The operations belonging to the first group include all of those enumerated in § I except the last (f). We will repeat them, subdividing them as we go along, as follows;

1. Preservation of the material in mass.

2. Hardening soft structures and softening hard ones.

3. Embedding. The details of this series of processes vary greatly, according to the nature of the structure of the material (i. e. solid matter, such as muscle, requiring a different treatment from vacuolar or spongy matter, like lung tissue), the kind of microtome used, etc. They may be roughly subdivided into prepartory manipulations, (such as freeing from the preserving or hardening fluid, dessication of the surface of solid matter, dipping into a fluid which prevents adhesion of embedding material, dehydration of spongy tissues, soaking in liquid embedding material to fill areolas etc.), and the actual operation of embedding,

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which consists of a series of several manipulations which we need not enumerate.

4. Section cutting—including the treatment of the sections, preparatory to staining, such as freeing from embedding material, etc.

5. Staining, including the fixation of stains, dehydration, clearing with essential oils, etc., and saturating with the fluid which is to be used in the final mounting medium.

§. IX. The second group embraces the following manipulations and processes

1. Cleaning the slips, and cover glasses.
2. Preparation of cements, etc.
3. Making cells, the use of the turntable, etc.

§ X. The third group of operations bring together the finished results of the other two. In it the finished section is placed upon the prepared slide. It consists of

1. The arrangement of the section or object within the cell.
2. Filling the cell with the mounting medium.
3. Removal of air bubbles and foreign matter.
4. Putting on the cover glass and arranging it in place.
5. Washing off surplus mounting medium, and drying the slide.
6. Returning the slide to the turntable, centering, etc.
7. Final closing of the cell by cementing the cover glass to the cell wall.

In the chapters which are to follow each process will be taken up in the order in which it occurs in this schedule or scheme of the technology of mounting, and with the explanations given in this chapter before him the student will be enabled to follow understandingly each step that is taken.

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Article LXI.

Department of Dermatology and Syphilis.

CONDUCTED BY

A. H. Ohmann-Dumesnil, A. M., M. D., Professor of Dermatology and Syphilology, St. Louis College of Physicians and Surgeons, of St. Louis.

Treatment of Scabies.—Dr. Comessati says (*Pharm. Zeitung*) that the following is an easy, effective method of treating the disease: In a liter of water 200 grams of hyposulphite of sodium are dissolved. The entire body is thoroughly washed in this lotion, at bed-time. The next morning the body is washed in a solution of 50 grams of muriatic acid to the liter of water. By this means sulphur in a very finely divided state is deposited in the pores of the skin; sulphurous acid and chloride of sodium are also formed. These products are destructive to the parasite. The great advantage that the author has found in the use of this treatment is that it need not be repeated.

The Etiology of Psoriasis.—Dr. Sam'l Sherwell, having his attention drawn to the manifest diversity of opinion expressed (*Jour. Cut. & Ven. Dis.*) as to the ordinary general health of individuals suffering from psoriasis, was led to look up those authors whose opinions have weight to see if there could not be a certain "consensus" of opinion derived from such an investigation. The author in his practice has been always struck by the high general average of health, to all appearances at least, of the affected person. The opinions of authors are pretty well divided on this subject. All, however, agree in saying it is seen as frequently in well nourished individuals as in others; while not a few insist that it is a disease found for the most part in the robust and healthy. I have seen but a limited number of such cases, but in no one did the subject suffer from any other local or systemic disease, and, as a rule, their health was above par if anything.

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HYPERTRICHOSIS AND ITS CURE.—Ladies with an abnormal growth of hair upon the face are perhaps the most numerous to demand treatment for hypertrichosis and the various methods which have been devised are more or less successful in removing the deformity. That which is the most successful is that which most effectually and rapidly destroys the hair papilla. Yet one great disadvantage following this destruction of hair is one which has not been sufficiently brought into prominence. It is that the cure which is effected whilst thorough and lasting for the part treated is apt to act like a boomerang, in that the hair of neighboring parts will acquire increased stimulation and commence growing with increased vigor. This disadvantage has been noted so often that it is begining to be a question as to whether it is best to cure hypertrichosis and increase hirsuties in other localities or be content with letting the original condition remain as it is.

PIGMENTATION OF THE SKIN FOLLOWING SYPHILIS.—Neuman states (*Wiener. Med. Bl.*) that in pigmentation following syphilodermata, the pigment may be situated in exudation-cells, in the connective-tissue cells or free in the necrobiotic tissue of the rete mucosum. The duration of the pigmentation, of course, is variable occupying the scars of ulcers or pustules much longer than when following the more superficial syphilitic manifestations of the skin.

THE VIRULENCE OF THE CHANCROIDAL BUBO.—Our readers may remember that we published the results of the experiments of M. Strauss, which went to prove that the chancroidal bubo is never virulent, becoming so only accidentally. Fournier, Mauriac, Humbert and DuCastel have made a series of 118 inoculations with pus derived from a bubo following a soft chancre; in only 5 or 6 cases did inoculation succeed. This would tend to prove that if there is such a thing as virulence in the chancroidal bubo, it is the exception, not the rule.

SYPHILIS DATING BACK 44 YEARS.—At the Hôpital St. Louis, (*France Médicale*) Fournier lately saw a man aged 65 who was apparently in good health. At the age of 21 he contracted an infecting chancre and was kept under treatment for one month by the regiment surgeon. Two months later he had *sore throat*

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for which he was again treated and discharged at the end of a month. Since then he has always been well and his wife has always enjoyed the best of health. When seen there were no manifestations on the face, neck, arms, trunk or abdomen. Upon the upper and external portion of the left thigh, tubercular, dry, circinate syphilodermata forming an oval patch 8 c. m. long and 5 wide. These lesions began six months ago and slowly increased. The same state of affairs exists at the upper external part of the right thigh. A small tubercular syphiloderm is noticed in the fold of the right groin. The length of time elapsing before the appearance of these symptoms, despite obviously insufficient treatment, is remarkable.

THE LOCAL TREATMENT OF SYPHILIS.—The importance and value of this adjuvant to the general treatment is becoming more marked every day and has been established beyond the possibility of a doubt. Dr. J. Gruenfeld in an exhaustive monograph upon the subject (*Wiener Klin.*) holds that the superficial syphilodermata, mucous patches, nodes, etc., do not require any local treatment. He divides the objects of local treatment into cleansing and disinfecting, reduction of inflammation and cauterization. He seems not to pay much attention to the beneficial results to be obtained from medication which is local. He however, evidently appreciates its value, as he recommends a number of mercurial ointments in his various local treatments and speaks highly of mercurial baths in the cure of syphilodermata. In the *Zeitschr. f. kl. Med.* Fuerbringer speaks highly of the desiccating power and specific action of mercury in condylomata lata. The medicinal action is due to the formation of bichloride of mercury in a stage more easily absorbed than if directly applied. The unaltered portion of calomel acts mechanically as a protective and absorbant.

SHORT TALKS ON DERMATOLOGY.

Under the above Caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification but diseases will be taken up as they suggest themselves.

I. PRURITUS.

Although this, in its strict acceptation, is nothing more than a symptom, it is nevertheless such a distressing one whose

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causes are so obscure that it has been classified as one of the diseases of the skin in the nosology of dermatology. The skin is apparently healthy; nothing is to be seen upon its surface unless the disease has existed some time. There may be noticed, sometimes, linear excoriations accompanied with perhaps a little exudation; or the surface may be merely reddened and excoriated or the excoriations covered with crusts. These lesions are, however, purely secondary and due to the excessive scratching indulged in by the patient.

The cardinal symptom of pruritis is an intolerable itching sensation which, as a rule, occurs oftener about the anus and pudendal regions than in any other part of the body. It affects both sexes indifferently and is a disease of adult life and of old age. Men are most frequently affected about the anus, perineum and scrotum whereas women declare the seat of the trouble to be chiefly the pubes, vulva and perineum. It constitutes about two-thirds, if not more, of the so-called cases of "itching piles" and is a trouble most rebellious to treatment. It may invade other parts of the body and be localized at other points, such as the scalp, nose, axillæ, vagina, etc., but it is not found as often in these localities as in the ones already mentioned above.

Pruritus hiemalis or "winter itch" is a variety of this trouble which seems to be almost entirely confined to North America, where it is quite common, being quite a rarity in Europe. It has no seat of predilection, but affects any portion of the skin embracing larger areas than in simple pruritus. It generally manifests itself at about the time that winter is coming on, whence it has derived its name.

The disease is one depending upon some functional trouble of the nerves of the skin and the fact that there are no objective symptoms, with the exception of those produced by the patient, is sufficient to make a diagnosis easy. The causes of this disturbance of functions may be derangements of the kidneys, liver, intestinal canal, worms, hemorrhoids, genito-urinary troubles, uterine and ovarian diseases, and a host of other visceral disorders, whose morbid action may find a reflex in the skin under the form of pruritus. The menopause, old age and consequent degenerations of the skin are also largely concerned as factors in its production.

The success of treatment in this disease is directly propor-

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tional to the successful appreciation and cure of the cause producing it. No attempt will be made here to give any details of treatment as far as regards the internal causes. It is always desirable, however, even during general treatment for the elimination of the cause, to give some local remedies which will tend to allay to a greater or less extent the intense local itching and consequent swelling. Baths are among the most reliable methods of local treatment and either cold or hot or alkaline will in many cases do good. A preferable method is to use the hot alkaline bath, just before retiring. As an alkali a mixture of borax, bicarbonate of soda and carbonate of potassa in the proportions of one, two and three, will be found valuable. In connection with this, dusting powders and soft linen underwear will greatly mitigate the attacks. Precipitated oleate of zinc, or a mixture of talc and oxide of zinc as dusting powders are to be preferred to lycopodium or others of a vegetable origin. Antipruritic remedies are numerous and more or less valuable. Carbolic acid is too well-known to require anything but a mention. Subnitrate of bismuth, oxide of zinc, corrosive sublimate, morphia, camphor, chloral and many others made in the form of lotions or ointments are often of benefit. A very good application is one composed as follows:

℞ Pulv. Camphoræ
Chloral hydratis..... aa ℥ss
Acid Oleic..... ℥j
M. ft. sol. Sig. Apply externally.

Belladonna especially in suppositories for the vagina, preceded by a hot alkaline injection is sometimes beneficial. A two per cent solution of veratrine is also of benefit in pruritus vulvæ more especially. Tarry preparations (tincture of tar, oil of cade, oil of white birch) are usually contra-indicated except in the pruritus of the genito-anal region where they are often useful. Pilocarpine hypodermically and syrup of jaborandi internally has been successfully employed by Simon. Travel often benefits a great deal.

The prognosis should always be guarded. The curability of the fundamental cause should be always considered and on this account pruritus senilis is generally incurable on account of the permanent alterations which the skin has undergone. The pruritus dependant upon Bright's disease is also as intractable as the renal affection which causes it, whilst the pruritus nasi,

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depending upon round worms is easily dispelled by the expulsion of the intestinal parasites. The chances of permanent success must be gauged by these considerations and whilst treatment is being directed to the ultimate cause, the local measures indicated will serve to allay the trouble temporarily. Where no cause can be found but little success of any permament character will be found to follow treatment.

ARTICLE LXII.

Department of the Respiratory Organs.

CONDUCTED BY

J. C. MULHALL, M. D., Physician to the Throat and Chest Department, St. Louis Medical College Dispensary.

PREDISPOSING CAUSES OF ANEURISM.—*Amer. Jour. Med. Sci.* Dr. G. B. Hamilton. Concerning this the author summarizes; "the only constant element among all the alleged causes of aneurism is that of *climate;* neither syphilis nor alcholism, nor occupation nor heat alone appears to have an appreciable influence. California shows, by far, the largest per centage of deaths from aneurism." The author reminds us that less than half of the inhabitants are born there—that most of the immigration is from the Middle and Eastern States—that the mean temperature of California is 60°, that persons coming from colder climates and retaining their habits of living under the new conditions would become subject to those diseases of the circulatory organs which are effected by temperature. Add to this the cheapness of stimulating food and wines with the excitement of opening a new country, where until lately the precious metals formed the stimulus to labor, and we have some explanation of the high per centage of aneurismal diseases there. The correctness of Sarazin's views that hot climates, whith great diurnal changes are a great predisposing cause, is borne out by statistics in a striking degree.

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A STUDY OF THE CIRCULATORY SYSTEM IN THE INSANE.—*Journal Mental Sci. N. Y. Med. Abstract.* T. Duncan Greenlees M. B. Edin. General summary and conclusions. I. That heart disease occurs with greater frequency amongst the insane then the sane. 2. That this increased in frequency is in part regulated by the frequency of heart disease among the sane population in the vicinity of the asylum where the observations are made. 3. That heart disease is frequent among the insane in the counties where the ratio of the insane to the sane is greatest. 4. That the distribution of heart disease among the sane is regulated by the geographical position, dietetic and other influences acting as predisposing causes. Similar conditions appear to exercise an influence over the frequency of heart disease in the insane. 5. That the numerical difference between heart disease in the sane and insane, if considered over all, is not great, being 8.72 per cent of the total deaths in the former and 9.36 per cent in the latter. 6. That according to my asylum observations (Cumberland and Westmoreland Asylum, England) heart disease is present in 12.94 per cent of the living insane and is the cause of death in 13.51 per cent. Both on admission and at death the age of the greatest number who had heart disease was between 60 and 70. 7. That the clinical symptoms of mitral regurgitation in the living insane, and mitral disease with left sided hypertrophy portem, are the most common affections. 8. That the hearts of the insane are heavier than those of the sane, and this condition is most especially noted in general paralysis, where the heart is very frequently hypertrophied. 9. That in many cases of insanity the general circulation is sluggish and that the extremites are cold, livid and even swollen. This condition occurs most frequently in chronic or advanced types of insanity. 10. That the arteries are frequently affected in the insane, but that with respect to the age, atheromatous degeneration of the arterial coats does not appear to occur earlier than in the sane. In general paralysis, however, thickening of the arterial tunics or even atheromatous degeneration of the cerebral arteries, occurs quite independently of the age of the patient and appears to be more influenced by the duration of the disease than by the age. 11. That among the sane, heart disease appears to exercise an important influence on the mind, changing the temperament and altering the character of the patient, and that this change may become so prominent that the psychical phe-

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nomena exhibited may be those actually of insanity. 12. That not only does heart disease alter the type and delusions of insanity, but also some cases occur among the insane, in whom the only ascertained predisposing cause of the mental abberation is the diseased condition of the heart, or general derangement of the circulatory system, and that, in these cases, the cardiac lesion is, no doubt, the predisposing cause of the insanity.

HERPES OF THE LARYNX.—*Monatssch. f. Ohrenheilkunde.* E. M. Stepanoir, of Moscow, reports 2 cases of this rare disease. In one there existed herpetic history of a concurrent herpes of the face and nose. The parts involved were the left side of the epiglottis and apex of left arytenoid. In the other case both cords were involved as well as the left ary-epiglottic fold and superior posterior surface of the left arytenoid.

I have seen but one case. It was limited to the left lingual surface of the epiglottis and was an exquisitely painful affection, so much so that the patient could not be induced to swollow anything but warm milk. There was no co-existent herpetic disease. Recovery ensued in 10 days. Cocaine, locally, only gave ease for an hour or two.

HARD CHANCRE IN RIGHT NOSTRIL.—*Gazzetta degli ospitali.* E. Rasori. An ulcer, covered with crusts, with induration of neck and axilla glands. Secondaries on body. Disappearance under mercurials. Many more details might have been given by the author to set at rest any doubts concerning the disease.

NON PENETRATION OF LINING MEMBRANE.—An unnoticed danger in tracheotomy. *British Med. Jour.* Dr. A. S. Osborn. A case wherein the patient died because the canula was introduced between the trachea and the diphtheritic membrane. This it seems to me is a hardly excusable error.

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Article LXIII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday, October 31st, 1885.

Dr. Atwood, President, in the Chair.

Fracture of the Base of the Skull.—Specimen.

Dr. Thornton.—Joseph F—, æt, 38, while intoxicated walked out of a second story window. The patient had previously suffered from supposed renal calculi. The attending physician found him in delirium, with violent pains in the back, serum was escaping from the left ear, right upper lid containing an extravasation. He was deaf in the left but not in the right ear.

Next day he was in violent delirium from which he could be aroused only to relapse into unconsciousness. Temperature was high, and discharge from ear profuse. The wet pack was followed by relief.

Almost five days after the accident the man died.

At post-mortem a complete transverse fracture of each petrous bone internal to the internal auditory meatus, and a horse shoe fracture of the occipital bone around the foramen magnum was found. Upon removing the dura matter the internal table of the occipital bone flaked off. The cerebellum was observed to be lacerated. The man probably lit upon his feet and the hæmorrhage from the ear was from the superior petrosal sinus.

The fracture was across sutures.

Dr. Williams.—The escape of bloody serum was probably due to rupture of the membrana tympani.

Dr. Bremer.—It is quite possible not to have any brain symptoms when only a portion of the cerebellum is involed. The coördinating centres have been generally located in the cerebellum; but, lately, Nothnagel has shown that they are in the vermicular process. If the cerebellum or vermicular process is

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injured debility of muscular power follows. There was no pressure on the brain in this case as there was an an outlet for the hæmorrhage, and, hence, the man did not have symptoms immediately.

Caries.—Amputation of Foot.—Specimen.

DR. THORNTON.—The foot of the patient from whom these specimens were taken was in such a condition that Chopart's operation was resorted to. The second toe was amputated on account of necrosis, then the second metatarsal bone becoming necrosed it also was removed, as was thought by the attending physician, entirely. An examination proved, however, that the head and base remained. The three adjacent cuneiform bones becoming involved in the necrosis were also removed.

No one metatarsal bone could do as much mischief as the second, as it rests on three cuneiform and two metatarsal bones.

Vaccine Virus.—Humanized Virus.

DR. LOFTUS.—I would like to ask the members of the society what their experience has been with the vaccine virus furnished by the City Board of Health. My experience has been very unsatisfactory. In some cases of school children the scars have disappeared, another case contracted smallpox after having been vaccinated. I have seen fungous growths follow the vaccination, and scars that did not resemble vaccine scars. In other cases the result was apparently good but the scar would fade and disappear.

DR. OHMANN-DUMESNIL.—The vaccine virus has proven very successful in my hands. I am careful to remove only the epidermis down to the papillæ of the corium, rubbing the virus in well and seeing that it is thoroughly dry before the clothing is resumed. It sometimes happens that the scar would apparently dissapear, but a close examination will reveal it.

DR. LOFTUS.—Others have experienced the same results. The ivory points were no more successful.

DR. HENDRIX.—I have used several kinds of virus and all proved equally unsuccessful; I think that the quills and ivory points are not sufficiently charged.

DR. LOVE.—I have used Martin's and Fon du Lac points with good results.

DR. LEE.—At the Misouri Medical College, in the children's clinic, one-eighth of a quill was used for each vaccination, and

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of 500 cases so vaccinated with virus obtained from the Board of Health the results were almost uniformly successful.

DR. JORDAN.—While employed by the city to vaccinate before the introduction of quills I had always used humanized virus and in thousands of cases met with satisfactory results. On one occasion I vaccinated 312 children with half of a scab. With the introduction of quills I was surprised to see the raspberry appearance in so many cases, which would dissapear in course of time. The humanized virus almost invariably took. I think the reason of the failure with the quills is due to the fact that they are charged before the virus is in the proper state.

DR. LOVE.— I think that if bovine virus is pure and fresh that it is as good if not preferable to humanized virus. In using the latter we are liable to infect our patient with some taint or disease.

DR. POLLAK.—I prefer bovine virus if it is pure and obtained at the right time. Never take human virus from a child unless at its acme, before it becomes pus.

DR. BREMER.—The ideal way of vaccinating is directly from the heifer, as it is done in the hospitals of Paris.

DR. SHAW.—I have vaccinated 300 to 400 children a day, and at least 10,000 in the last fifteen years. Humanized virus undoubtedly in more effective, I think, because it is a step nearer humanity. However I dread its use, as we may transmit not only syphilis but other diseases.

SATURDAY, November 7th, 1885.

DR. ATWOOD, President, in the Chair.

Ankylosis and Caries of Knee-joint.—Specimen.

DR. DIBBLE presented a pathological specimen, an ankylosis and caries of the joint. This ankylosis occurred in a boy 17 years of age. A result of a periostitis and synovitis in consequence of a fall. This condition went on for a period of thirteen years, after which time I amputated it and the patient got along very nicely. He weighed 128 pounds at the time of the amputation and within four months from that time he weighed 196 pounds. He is well and healthy up to the present time, so far as I know.

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Internal Strangulation of the Intestine.—Specimen.

DR. THORNTON.—On Friday two weeks ago while moving some lumber, a cold wave of wind passed over him and he felt a very severe chill. He had been exposed to a cold draught on Friday. Soon after he felt as if a strap had been buckled around him tightly, and had severe pains in the abdomen. The bowels moved on Sunday; pains, however, continued. After this some calomel was given but the bowels did not move, and two days after that an injection was made and a slight movement of the bowels was obtained but very small in amount. The next day he began to have stercoraceous vomiting, and this continued. Warm applications were then ordered, to be kept on the abdomen day and night. He passed, as he claims, during the day a little wind, but this morning laparotomy was performed at 9 o'clock and the small intestine examined. There was found this band growing from the right side of the great omentum. This cord fastened to the abdominal walls passing over the ilium for an inch and a half in front of its opening into the ascending colon before the ilio-cæcal valve. From this main portion there were a number of small bands which bound down that portion of the small intestines and completely stopped it, causing strangulation. These bands were removed, and it was seen by examining the mesentery at this point for an inch and a half in length that the intestine had been constricted. There seemed to be a cicatrix developed on each side of the mesentary, there was a prong which made that part of the ilium take a very abrupt bend, after the removal of this portion of cicatrical tissue found in the mesentary was also removed. Two hours after the operation the patient was rallying from the effect of the operation. The prognosis of course is very unfavorable. The time during which no action of the bowels had occurred was thirteen days, that is, two weeks ago Friday. The bowels were filled with a fluid like substance with fecal matter in it. The delay of the operation is explained by the patient sojourning in the country at the sime of the trouble setting in. The stricture was about an inch and a half in front of the opening of the ilium into the ascending colon. The intestine at the site of strangulation looked healthy. There was general peritonitis with serous exudation. The incision was made in the linea alba running from the symphysis pubes to about two inches above the umbilicus.

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DR. LUTZ.—Was there any history of injury to the abdomen?

DR. THORNTON.—None at all that we could get. The man was very healthy until this attack occurred, and as I said he was taken with a chill and a constricted feeling around the abdomen.

DR. POLLAK.—Are those bands of recent origin?

DR. THORNTON.—The larger one I think is rather chronic; the smaller bands, however, seem to have been developed around it and are of recent date, I think.

DR. LUTZ.—I desire to ask the doctor a question which perhaps will elucidate a case. The question here comes up which one of these two bands excised caused the constriction?

DR. THORNTON.—I think both.

DR. LUTZ.—Then what was the relative position of the intestine to them, did one go over and the other under it, or did they act as a clamp?

DR. THORNTON.—One end was attached to the great omentum, and the other to the abdominal wall pressing the ilium against the rim of the pelvis. Then there were numerous small bands developed, crossing and holding it down still firmer.

DR. LUTZ spoke on the propriety of early operation in cases like the one under discussion. We can all, no doubt, recall instances in which the opening of the abdominal cavity at the proper time would have resulted in saving our patient's life, and we have frequently been driven to that conclusion only after making a post-mortem. Now I have in mind two cases of hernia in which a more extensive laparotomy in the one and laparotomy in the other would have saved the patients. One the case of a brewer who had a strangulated hernia—the hernia had existed for some sixteen years, and on one or two occasions Dr. Gregory had succeeded in reducing the incarcerated intestine. The patient wore his truss and went about his business. At the time to which I particularly refer the hernia became strangulated and I was called in to see it, and taxis failing I suggested laparotomy, or the operation of herniotomy. We opened the hernial sac and reduced the hernia, and it was then suggested that the better way to do was to close up the opening and not cut into the wall. Our patient unfortunately died and we made a post-mortem examination. I found that whilst we had successfully reduced that portion of intestine which had been strangulated and which had come down in the hernial sac, we had re-

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duced a coil of intestine which on account of inflammation which had been set up by this sac, was matted together. In other words, we had reduced the hernia in a strangulated condition. Now if in this case we had opened the abdominal cavity very freely and had satisfied ourselves of the condition of the intestine perhaps our patient would have lived. I mention this only as a mistake which was made, and it is always well I think to mention these cases in which mistakes are made. This mistake was made not only by myself but also by one whom we all bow to as authority and whose judgement we consider worthy of very great weight; but as he suggested at the time of the post-mortem, had we made a free opening of the abdominal cavity this would not have occurred. Then in another case in a woman who had a hernia of the right side, I was called to see her and placed her under chloroform and succeeded by taxis in reducing the hernia. There was an enlargement on the left side also, and a very excellent practitioner, since deceased, who was a splendid diagnostician in my opinion, and whose diagnostic acumen was backed up by a very extensive experience, suggested that the enlargement on the left side was an enlarged gland simply, and I being the younger man and not feeling as if my opinion ought to outweigh his, led myself to be persuaded not to cut down upon it, though I was prepared to do so. But our patient kept on vomiting, which we attributed after reducing the hernia to the peritonitis or inflammation of the bowel which had been set up. This patient died and on making a post-mortem examination we found a knuckle of intestine on the other side. This is another illustration of the fact that in cases of this nature the abdominal cavity should be opened and an examination made. I would say that the prognosis in the case reported by Dr. Thornton is perhaps more favorable than he is inclined to state, because the condition of the intestine was good. He says the bands have been removed, and perhaps the only danger that now threatens the patient is from the peritonitis resulting from the operation, which I imagine will not be as great as ordinarily, because unquestionably the peritoneum has undergone changes during the previous inflammation which we know make the peritoneum less susceptible and materially diminishing the danger of opening the peritoneal cavity.

DR. HENDRIX.—I wish to report a case which came under my observation a few years ago similar to those which Dr. Lutz

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has just spoken of. This was a case of an old lady, perhaps 65 years old, who had femoral hernia. I was called in in an emergency; she was vomiting stercoraceous matter, and on examination I found a tumor about where I would expect to find femoral hernia. I attributed the trouble to that and stated to the friends and family what my impression was and what I thought ought to be done. They had on old family physician who came and operated, but did not cut into the sac; he returned the sac with the bowel in it. She continued to have stercoraceous vomiting and suddenly died. On the post-mortem examination it was clearly shown that the sac had not been cut into. I think that if the thorough operation had been performed perhaps this patient's life would have been saved. I would not have any hesitancy in opening the abdominal cavity in such a case, and I think that the case reported here to-night, if it had been under the observation of a careless physician, would perhaps have gone on and the man might have died.

DR. A. GREEN.—Was the vomiting in Dr. Lutz's second case stercoraceous after the operation?

DR. LUTZ.—Yes sir.

DR. A. GREEN.—Then that should have indicated that there was still further obstruction. I think that that was even an indication for laparotomy, peritonitis will not be accompanied by stercoraceous vomiting unless there is obstruction.

DR. LUTZ.—Stercoraceous vomiting does not occur from mere peritonitis, but in this case there was a hernia which was reduced and the stercoraceous vomiting did not subside. It continued stercoraceous from the original strangulation, and I reported the case as a mistake.

DR. A. GREEN.—If the hernia was relieved there should be no stercoraceous vomiting; if there is we must conclude that the herniotomy was not thoroughly performed; if there was an enlargement on the left side then it was evident that it was a hernia on that side also.

DR. COLES.—I would like to ask Dr. Thornton whether this patient's bowels moved since the operation?

DR. THORNTON.—They had not two hours after the operation: he was at that time just recovering from the shock of the operation which existed from the time the intestines were returned into the abdomen. Carbolic acid water sponges were used with bichloride of mercury, one to a thousand.

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Dr. Hurt related a case of herniotomy in a woman æt. 35 or 40. The hernia had existed from early childhood. The patient died 36 hours after the operation.

Post-mortem examination showed peritonitis and uterine hæmatocele. The hernia had been very small. These small herniæ often prove fatal for the simple reason that those who have them do not regard them as dangerous; they do not bother them much and therefore they do not trouble themselves with the inconvenience or expence of wearing such support as is necessary to keep them in.

DR. MUDD.—I did not have the pleasure of hearing the report of the case by Dr. Thormton and do not know that I can speak closely to the subject under discussion. The general subject of hernia, however, is just now impressed on my mind from some cases which I have had recently. Speaking of obstruction of the bowels by adhesion recalls a case I saw some two or three years ago, with a gentleman here present, of a lady who had suffered for some years with occasional obstruction of the bowels. At the time that I saw her she had been constipated for several weeks and had suffered more or less persistently during that time, remaing in bed most of the time with a low grade of fever, occasionally getting a slight operation from the bowels, then being confined without operation for several days, being relieved by injections. The injections were persisted in and with varying success. The patient ultimately died, and the post-mortem revealed the fact that the transverse colon had been drawn down so that a loop of it was fastened in the pelvic cavity, there was an ascending and descending portion of the transverse colon, but the narrowing was partial not absolute but the peculiar part in connection with this case was the condition of the bowels. There were numerous places where ulceration of the bowel had taken place through the entire thickness so that the fecal contents had escaped into the peritoneal cavity at these different sites This occurred not simply along the part of the bowel immediately above the site of constriction but as high as the upper end of the jejunam.

These bands I have seen relieved by the operative measures, but I have seen in two instances search made for such bands with a history of obstruction, without being able to find them even where the diagnosis seemed to be pretty clear.

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Herniotomy itself is one of the most interesting of operations to the surgeon because it is always an uncertain one. He does not know exactly the conditions which are present, he cannot determine with certainty the condition of the part in the hernial sac until it is opened. I was called last week to a child 26 days old who had strangulated congenital hernia. I cut down upon the part after making an effort at reduction by taxis and found the bowel was congested, its walls thickened and a plastic exudate over the portion extruded. The constricting band in the external ring was very sharp, well defined and very firm. The testicle, which was of course in the hernial sac, was congested and so great was the constriction that the circulation was disturbed. The constricting band had existed for 36 hours. The epididymis was intact—that is, it was congested but still living. The sac of the hernia had good vitality in this case. I removed the testicle, as also the sac, and put on a catgut ligature cutting the sac well up towards the ring. Sometimes it is difficult to tell whether there is sufficient vitality left in a strangulated portion of the intestine; but if you take it between your fingers and press it and it blanches a little and regains its color it may so far regain its vitality as to make it safe to return it. It is a difficult matter to determine when the vitality is sufficient, but the feeling of the tissue when taken between the fingers and rubbed together is a better guide than is the eye. There is an elasticity of the tissue which is characteristic when they have vitality. Last summer I saw a case that was of still greater interest to me and it was also one of congenital inguinal hernia. It occurred in a man, aged about forty-five. The strangulation was very marked. A very moderate effort at reduction by taxis was made. The hernia was quite large, the man was fleshy, and it was thought to have been reduced, twenty-four hours before I saw it, by the doctor in attendance. The next day, however, the hernia again enlarged and stercoraceous vomiting supervened. I was called to the case and in operating upon it I found that the hernial sac itself was gangrenous, and filled with a dark grumous fluid that you see so frequently in conditions where the bowel is gangrenous. The hernia was as big as the fist. The knuckle of the bowel was very short and just enough to get into the ring, but the full thickness of the bowel had got in and was gangrenous. It was so soft that it could be broken down with the finger. The bowel was drawn down and the

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opening enlarged. The ends were sewed together; and the bowel was then returned. The patient succumbed the next day. These cases exhibit something of the uncertainties of the conditions which may be found in hernitomy. The point of strangulation is always of most interest and importance to the surgeon at the time of the operation. The question is whether the strangulation is at the external or at the internal abdominal ring or in the neck of the sac itself. Now I do not think it is often necessary to enlarge the opening into the abdominal cavity any more than to enable the finger to enter, in order to determine the point of strangulation. By following the gut with the finger you will readily tell whether it is free or whether there is a constricting portion still remaining. I think you can determine in this way as much as a more extensive exploration will enable you to do. There is one condition that happens not infrequently and which might mislead the physician and cause him to think that the hernia had been reduced when in fact the operation is necessary or not complete. Take a hernia that has been extruded in which the neck of the sac is well defined and the extruded portion of the bowel is strangulated; in reducing the bowel the physician pushes back the sac and the knuckle of the bowel which disappearing from the external abdominal ring slips into the external abdominal cavity but it does not slip in with the jerk that it does when the bowel is left free from constriction. It slips in, as it were, unwillingly and it is necessary to continue the pressure of the finger in order to reduce it and if the finger is still held against the bowel there is a feeling of pressure which indicates that the constriction has not been relieved and the strangulation is still present. But if the sac is held and the gut returned I can hardly conceive that a mistake could be made. Certainly mistakes of this kind are rare. Then we may have misplaced hernias or hernia in which a portion of the sac only presents itself externally and a portion of it pushes out to the side. Thus we may have a condition which would puzzle the operator, or a part of intestine may come down outside the ring and another slip into the tissues on the abdominal wall through a rent in the peritoneal sac into the subperitoneal tissue, but if the physician is on the lert, he may detect anything of this sort, and he should be because there is no definite rule of practice to cover all possible implications of hernia. I think, however, that if he is careful the demand for exploratory laparotomy would very rarely

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occur in herinal protrusions. I can hardly conceive a condition that would demand it. The operation of herniotomy is one of the most successful and satisfactory we have, the great majority of cases get well. The local peritoneal trouble which is excited by the strangulation does not cause serious trouble and is, as a rule, promptly relieved. There is one point, however, in connection with a bowel which has been strangulated that I would like to call to the attention of the speaker who denied the fact that stercoraceous vomiting could continue after the strangulation was relieved. I am satisfied it does and continues under these circumstances. You have a bowel a portion of which spacelated. You may put that bowel back into the cavity and there will still be stercoraceous vomiting; there is no obstruction but there is a paralysis of the bowel and hence the persistent peristaltic motion of the intestinal tract maintains vomiting. It is a well-known fact, that has been established by many operations on the abdominal cavity, that omental adhesions which we so frequently find in these cases of hernia, where a portion of the omentum is cut off and the stump returned with the sac need very careful attention in the ligatur of the arteries and the stump so that no hemorrage and consequent peritonitis may occur.

DR. GREEN.—I would like to ask Dr. Mudd if in case the stercoraceous vomiting continues after the operation of herniotomy by reason of the part of the bowel having lost its vitality, can we expect it to regain that vitality?

DR. MUDD.—No, sir.

DR. A. GREEN.—If we cannot expect this it is just the same thing as if there was an obstruction and therefore Dr. Lutz should have performed laparotomy. I don't care what the condition is which causes the obstruction whether it is spastic or organic, if we cannot expect that the bowel will regain its vitality we should proceed to operate, and when this stercoraceous vomiting occurs it is an evidence that everything is not right. I would like to ask a question. Suppose we perform herniotomy and find a circumscribed spot of intestine which we are satisfied will never regain its vitality, what is the best practice in such a case, to make an artificial anus, or would it not be better to cut out that part and sew it up.

DR. FAIRBROTHER.—I would like to refer very briefly to a very simple case of hernia at present on my hands. I would like to know if extensive sloughing of the scrotum outside of the

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testicle has ever result in a cure of scrotal hernia? I have a case of scrotal hernia of long standing that seems to be in a fair way to be cured by extensive sloughing of the scrotum. This hernia has been of many years' standing, but two or three years ago a stricture due to gonorrhœa set in, followed by ulceration and extravasation of urine with consequent gangrene of the scrotum, the perineum and inguinal region. This gangrene has effectually destroyed nearly all of the integment on the left, that is, the scrotal side of the integument, the subcutaneous fascia, most of the tunics covering the scrotal hernia. I had the hernia carefully reduced and since that time granulations have occurred and the flesh seems to be rapidly closing in upon the sac and the canal down which the knuckle of bowel had descended, and on standing the patient on his feet now, after ten days, and having him walk about and standing in an easy position the knuckle so far has not descended into the scrotum, so I think it possible the trouble may be entirely overcome by these granulations.

DR. MUDD.—I think Dr. Green is entirely right about the continuous stercoraceous vomiting, the bowel was in a doubtful condition and dead. I think the disposition of most surgeons now would be to cut off the section of gangrenous bowel and sew the ends together and return them; but it would not be good practice, I think, to take out a longitudinal section which would necessarily narrow the bowel and of course the resistence caused by the operation would be more likely to break down the stitches. I am not sure that the removal of a section and the union of the ends of the bowel will result in saving more lives than the old method. I think it is questionable; yet whether it will save as many lives as the old fashioned procedure of relieving stricture and establishing an artificial anus, and yet these artificial openings can be closed at a later day and it is a safer operation than the one toward which we are now tending.

There is one point in connection with the case related by Dr. Fairbrother in reference to the radical cure of hernia by the sloughing process. I doubt very much whether his patient is cured. It may be the cicatricial band has such resistance as to prevent the knuckle from protruding, I think we are nearer a radical cure of hernia now than ever before, and we have reached it through our attention to the sac. The simple excision of the sac without approximating the walls of the canal is more likely to achieve a radical cure than the old operation of approxi-

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mating the walls and leaving the sac intact or producing adhesions of its walls. Just why it so acts I cannot explain, but the fact remains that when you excise the sac after drawing it down as far as you can and put a ligature around the neck allowing it to pass back into the abdominal wall you will often have the tissue outside of the peritoneum back of the hernial opening uniting with the sac and the wall, thus forming a barrier to the descent of a hernia. The absence of the knuckle which projects into the ring and forms a channel through which the hernia may extrude is gone and these influences seem to serve to effect a cure. In addition to this we can take extra precaution in uniting the pillars of the ring. I have during the past two years had an opportunity to test the result in case of congenital inguinal hernia which are so uniformly difficult to control. They are always the most annoying cases; I believe that we are probably now nearer a solution of the radical cure for hernia than we have ever been before.

Dr. A. Green.—I desire to say that I do not wish to be understood to recommend the longitudinal section, as this would tend to narrow the bowel and produce an undesirable effect.

ERRATA.

On page 250 of the October No. of the Journal read *Dyspagia* instead of *Œsophalgia* in next to last line on the page also in ninth to last line on page 251.

Article LXIV.

AMERICAN RHINOLOGICAL ASSOCIATION.

Synopsis of the Proceedings of the Third Annual Meeting of the American Rhinological Association, Held at Lexington, Ky., Oct., 6th, 7th and 8th, 1885.

This pamphlet of eighteen pages contains a synopsis of the meeting and contains almost the complete disscussions of papers read.

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The president, Dr. Logan, of Knoxville, Tenn., in his address says: "Before practicing a specialty exclusively, we should have done a general practice for several years, as a general knowledge of disease, the result of experience, is necessary to the succesful management of any special disease." He insists upon a close relationship between nasal, throat and ear diseases, the two latter organs being affected secondarily. He says that from his experience the spray tubes are superior to any other device for medicating the upper respiratory tract, from the fact that with them we can put an application where we want it, without irritating the part to which the remedy is applied. In doing this, he says, too much or too great a pressure of air should not be used, as a greater pressure than ten pounds to the square inch should not be used. He depreciates the general use of caustics, irritating astringents, tincture of iodine, etc. This manner of treatment, as a rule, aggravates the inflammation of the nasal mucous membrane. He advocates that proper attention be given to constitutional treatment and the enforcement of hygienic measures.

We make a few quotations from his address.

"Medical education could be made more thorough if the colleges generally would establish a chair of Rhinology and Laryngology. Rhinology is very much neglected by many of our instructors—The time is not very far distant, however, when this department of medicine will receive more attention.

"Permit me to insist upon the importance of a proper recognition of the co-relative influence of nasal, throat and ear diseases. In many instances the nasal mucous membrane is the parent of throat and ear diseases. In the great majority of ear and laryngeal troubles of an inflammatory character, nasal trouble has not only previously existed but has been proximately productive of disease in these connecting organs. In this class of cases we cannot successfully treat laryngeal and ear trouble without simultaneously treating the existing nasal disease.

It is certainly true that a non-irritating treatment, as a rule so far as inflamed mucous membrane is concerned, is the correct method of treatment. * * * * It is different from the customary methods but in my opinion is, beyond all question, correct.

It has been said in Europe that it was too difficult to become

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universal or popular. This is a mistake. It is easily applied when you see it done and acquire manual dexterity necessary to this end. It of course cannot become universal or popular unless it is studied in a practical way. We should not adhere to old ideas, simply because they are in accord with general custom, when these are erroneous. I have witnessed, by the aid of the rhinoscopic mirror, in not less than fifteen hundred cases of catarrhal mucous membrane of the upper respiratory tract, the good effects of the non irritating plan of treatment. I am sure this method is correct and sooner or later it will be generally adopted. In other words 'oil and truth will rise to the top.' 'Custom is the plague of wise men and the idol of fools.' While the spray tube is the only instrument with which we can properly medicate the mucous membrance of the upper respiratory tract, many prominent in the profession still adhere to the nasal douche, posterior nares syringe, brush, cotton applicator, actual crutery, ect. The spray tube is superior to any other devise for medicating the upper respiratory tract from the fact, that with it we can put an application where we want it, without irritating the part to which the remedy is applied. * * * * Successful and satisfactory applications can not be made with the nasal douche, syringe, mop, brush or cotton applicator, for the simple reason that they are either two irritating or do not thoroughly reach the affected surfaces. * * * * In order to treat rhinal, pharyngeal and laryngeal inflammation successfully and satisfactory we must abandon the remedies usually resorted to, and their methods of application. Those who do not fully realize the importance of this fact will sooner or later, I hope, do so. Successful treatment of nasal disease cannot be learned in a short time. * * * * * * * *

"It is impossible to learn from books, knowledge which can only be obtained from inspection of diseased structures, by the aid of the rhinoscopic mirrow. A knowledge of the appearance of the diseased structure obtained in this, coupled with results accruing from local applications made to diseased mucous membrane, must be our guide in the management of nasal disease, and its correlative influence or effect. A high degree of skill and success in the management of this class of diseases must be obtained in this way.

The whole address shows plainly that Dr. Logan is advoca-

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ting a method with which he is thoroughly acquainted and in which he thoroughly believes.

Dr. Hiram Christopher, of St. Joseph, Mo., read a paper the purpose of which was to emphasize the fact that disease of the middle ear is to be cured or benefited by curing the pharyngo-nasal catarrh, on which it depends.

A lengthy and interesting discussion followed, coinciding with the views expressed.

Dr. Allen DeVilbiss, of Toledo, Ohio, read a paper on the

TREATMENT OF CATARRH, ACUTE AND CHRONIC.

He argued (1) the necessity of modern appliances for making examinations; (2) that the cause of discharge should be understood; (3) that constitutional as well as local treatment should be used; (4) that time be taken for operative procedure; (5) on the best means for making local applications to the superior respiratory tract; and (6) that all remedies used, to produce good results, should be such as do not irritate the mucous membrane.

A free and animated discussion followed this and other papers.

We will give a synopsis only of the other papers, the most of which will be published in the JOURNAL.

Dr. J. G. Carpenter, of Stanford, Ky., read a paper on the

TREATMENT OF NEOPLASMS OF THE NASO-PHARYNGEAL CAVITY—A NEW SNARE.

He gave the history of a case in a man 42 years of age, afflicted with catarrh since 1879, and fibroma in vault of pharynx proving, besides trouble immediately local, loss of taste, hearing and smell, nausea, vomiting in the morning when trying to remove accumulated secretion, lethargy, dull pain in the frontal region, impairment of intellect, will and memory, irritability, suspicion, sleepless, and a semi-idiotic expression. The catarrhal affection was first subdued; but efforts to remove the fibroid growth with the Jarvis snare and post nasal forceps failed; oil of eucalyptus and vaseline mixture was used, preceded always with listerine mixture; the fibroid killed by strangulation of the snare and forceps sloughed without further operation. Tonics and restoratives were prescribed freely meanwhile. He objected to the forceps for the removal of growths, and preferred

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the snare as the most rational means, as it avoids any extensive hemorrhage or destruction of sound tissue. He had failed so often with the Jarvis snare that he had fashioned an improvement with a wider range of application, with more screw power, worked easily by the thumb and index finger.

He exhibited this instrument, and then described other modes of treatment with their advantages and disadvantages. Hemorrhage was the great difficulty to be avoided.

Dr. R. S. Knode, Ft. Wayne, Ind., read a paper on

SPECIFIC INFLAMMATION OF THE NOSE AND THROAT.

He argued the importance of early diagnosis; (1) to effect a cure; (2) for the defense not only of the physician but his other patients from infection through ignorance; and (3) because of the delicate position in which the physician (especially if young) is placed in receiving patients of high standing, and ladies innocently ignorant of the cause of the trouble and unable to give the facts of the case. He instanced a case in his own practice as an illustration. He described the attack and progress of a specific disease in the nose, pharynx and larynx, both in its secondary and tertiary stage, and gave his treatment in each form, and its various symptoms of attack, according to place and duration. In the tertiary form he depended on iodides to remove the symptoms and mercury for cure.

Dr. N. R. Gordon, of Springfield, Ill., read a paper on

CHRONIC CONJUNCTIVITIS DEPENDENT UPON DISEASE OF THE INTRA-NASAL TISSUES.

He believed in a form of conjunctival disease due to a diseased condition of intra-nasal tissues, and that the conjunctival disease is usually chronic conjunctivitis, and, moreover, is usually dependent upon a chronic rhinitis of the hypertrophic character. This chronic conjunctivitis has a duration of years, instead of weeks or months. It does not yield to the ordinary treatment prescribed for chronic conjunctivitis, but yields quickly when the nasal passages are treated.

He reported two cases, of twelve and fourteen years standing cured in a very short time by treating the nasal passages in conjunction with mild treatment to the eye.

A paper by Dr. H. F. Hendrix, of St. Louis, Mo., was, in the absence of the author, read by Dr. T. L. Patterson, Lexington, Ky. It treated of

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THE RELATIONSHIP OF DISEASES OF THE EYE TO THOSE OF THE NASAL PASSAGES.

It presented further points in a case reported to the Association in 1884, and another case showing the relationship of the eye to nasal diseases. In the first case a young lady of twenty-three, whose voice, hearing and sight were impaired. Her right eye had not a healthy spot on any portion that could be inspected, the whole surface being highly inflamed, and water dribbled from it mostly through the lachrymal duct and nose. The left eye was staphylomatous, myopic and nebulous, a white cloud over the entire iris, the congestion showing thickening outside the pigmentary circle. Examination showed great congestion of the mucous membrane of the nose, pharyngo-nasal space and pharynx, with irregular and troublesome secretions. Chromic acid cleared the anterior nares, and an atropine solution acted well on the eyes. Iodide of potassium was administered, and to the congested membrane medicated vasaline was applied by sprays. The improvement was rapid and steady. First, hearing returned, then spirits, then sight. The right eye, formerly totally blind, can now see large print; and the left has resumed its normal shape and is no longer myopic and cloudy. Her mind, before weak, has recovered, she reads, writes, sings; also walks without an escort, and has gained twenty-five pounds in flesh. The other case, that of a miss of 16, showed a tumor in the left eye in the lower edge of the iris, with a number of small blood vessels leading to it from the inner canthus, the aureole conjunctiva red and tears flowing constantly. Her right eye was normal, general health fair; but there was frontal pain and constant apathy. She had rhinitis anterior and general catarrh in the nose, pharyngo-nasal space, pharynx and larynx; also otitis media on both sides with perforation of the drum of the right ear, defective hearing, margin of the nose red, dry and cracked, and fissures in the corners of the mouth. Under treatment similar to that in the other case she improved steadily, and in five months is a picture of health and happiness. As the eye resides on the same floor covering with the nose it is not strange that deleterious matter brought into the house should spread to all parts of the floor. Similarly the ear is affected. Treatment properly directed to the mucous membrane of the

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nose and pharyngo-nasal space will often cure the eye, ear and throat, by simply striking at the root of the disease.

Dr. Gordon noticed the action on the nerves in some cases of pharyngo-nasal catarrh, causing trouble to taste, hearing and sight, which trouble was relieved by treatment of the nasal passages.

Dr. Rumbold knew of the first case mentioned by Dr. Hendeason. It first appeared hopeless, but the results were marvelous. He had never before heard of a staphylomatus eye being cured by treatment of the nasal paasages, but had seen hundreds of eyes that could have been improved with this treatment, and had gone from bad to worse. He had oculists send him cases, and in every case where there was nasal-catarrh this treatment relieved the eye.

Dr. Christopher considered that the paper settled the dependence of eye diseases on those of the nasal passages. In future he should always examine the nasal passages where there was inflammation of the eye.

Dr. Carpenter referred to the number of diseases that depend on trouble in the nasal passages, not only of the eye, but of the ear, bronchia, and even the stomach. He had cured dyspepsia and bronchitis by relieving the nasal trouble, also a case of epilepsy. The severity of insanity sometimes had this dependance. The general practioner should always examine the nasal passages for causes.

Dr. Gordon gave instances of treating the nasal passages for asthma and palpitation of the heart, which were reflex conditions.

The President knew patients, given glasses by an oculist, to discard them after being relieved of nasal trouble.

A paper by E. F. Henderson, of Los Angelos, Cal., was in the absence of the author, read by Dr. T. A. Stucky, of Louisville, Ky. It presented a few suggestions on

HYPERTROPHY OF THE TURBINATED PROCESS.

Referring to the structure of the turbinated process, and the facility the tissue has for puffing up during damp, cold weather, during slight attacks of coryza or after sitting in a cold draft, he notes at such times those with well established colds frequently suffer from partial or complete occlusion of one or both nostrils and in cases of long standing then most frequently devi-

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ation of the septum occurs. While commending the warm spray, especially in children and adult cases of comparatively short standing, he looks forward to a better method of getting rid of redundant tissues and hastening a cure. He objects to some of the methods as too heroic, and sighs for something better than tearing off hypertrophied tissue with toothed forceps, reducing with glacial acetic acid or chromic acid, though these are less objectionable than nitric acid and, argent nitratis, London paste, the electric cautery, &c. He admired Jarvis' snare for hypertrophy of the posterior part of the turbinated process; but when the growth is not pedunculated and does not project into the vault of the pharynx, suggests the injection of a fine needle of some remedy, such as carbolic acid, acetic acid, citric acid or ergotine, to create absorption and obliterate the excessive vascular tissue—the application of cocaine before-hand would make such an operation comparatively painless. He believes the profession generally is working swiftly and surely to the non irritating method.

Dr. Thos. F. Rumbold, of St. Louis, Mo., read a paper on the

TREATMENT OF PRURITIC RHINITIS (HAY FEVER) BY SPRAY PRODUCERS ALONE.

He gave the history of five persons who were severely afflicted with this complaint. Three had been unsuccessfully treated by the destruction of the hyperæsthetic tissues in the nasal chambers. He treated all five cases, with the spray producers alone, with excellent results.

Dr. H. Christopher, of St. Joseph, Mo., read a paper on the

THE CURE OF DISEASE.

The speaker stated (1) in the very nature of things a tissue once diseased, never completely returns to its original condition under either the hand of the physician, or of nature; (2) that such is the injury done to the tissue matter of the cells of the organism; (3) such the impression made on its vitality and reparative function by morbific agents, that its action in resisting the presence of diseased action is so far impaired as not to reproduce normal tissue in parts where disease exists. The position was illustrated by the process of the healing of the solutiont of continuity in tissues, as the eschars of incised wounds and suppurating surfaces, (4) The action of the subtle morbific

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agents was primarily excited on the living matter of the living cells, affecting its vital power, and interfering with its normal action, as seen in the sequelæ of inflammation. Conclusion drawn was (5) when the physician had aided nature in doing all that the *vis medecatrix naturæ* can effect in living organisms, such results was called and regarded as a cure.

The President concurred in the views expressed in the paper, which was also approved by Drs. Carpenter, DeVilbiss and Stucky, as throwing light on a very important subject.

The nominating Committee presented the following names as officers for the ensueing year.

President.—A. DeVilbiss, Toledo, O.
First Vice-President.—J. A. Stucky, Lexington, Ky.
Second Vice-President.—Carl H. Von Klein, Dayton, O.
Recording Secretary and Treasurer.—P. W. Logan, Knoxville, Tenn.
Librarian.—N. R. Gordon, Springfield, Ill.
Member of Council.—R. S. Knode, Fort Wayne, Ind.

ELECTION OF OFFICERS.

The ballot upon the names presented by the Nominating Committee as officers for the ensueing year resulted in their nomination, and the new President took the chair.

VOTES OF THANKS

were passed to the old officers—especially Drs. Logan and Stucky—for their zeal; to Dr. Stucky for his reception of the Association at his rooms, to the citizens of Lexington for their kindness, and to Dr. Chenault for his invitation to visit the Eastern Kentucky Lunatic Asylum.

THE NEXT MEETING.

On motion of Dr. Rumbold the place for the next meeting was chosen by ballot, which resulted in the unanimous choice of St. Louis. The time will be the first Tuesday after the first Monday in October, 1886.

INTERNATIONAL CONGRESS.

The Executive Committee of the Ninth International Medical Congress, to be held in the City of Washington, D. C., com-

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mencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, the charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed the arrangements for this meeting; and they anticipate the hearty coöperation of the profession everywhere in developing this great scientific and humanitarian assembly.

By order of the Executive Committee.

Henry H. Smith, M. D., Philadelphia,
Chairman of Executive Committee.

Nathan S. Davis, M. D., LL., D.,
Secretary-General of Ninth Int. Med. Congress.

Chicago, Nov., 24th, 1885.

ARTICLE LXV.

Periscope.

LEDIARD ON ELEVATION OF THE ARMS AS AN INDICATION OF PERITONITIS.—In the *Lancet*, Sept. 1885, p. 522, Mr. Lediard contributes the following note. A waiter aged 22, was brought into the Cumberland Infirmary. He had been stabbed in the abdomen, and a foot of small intestine was protruding. On the following day he was observed to keep his hands above his head, in a position often assumed when one is lying on the grass in summer. Within twenty-four hours he was seen to raise the left thigh; later on the knees were constantly drawn up, and the hands were kept behind the head. Death occured on the fourth day from general peritonitis. The author states that in peritonitis following operations for hernia, ovariotomy, &c., he has constantly observed patients lying with their arms raised; and he considers this position to be coincident with the commencement of peritonitis. When the inflammation is at its height, the hands will be clasped behind the occiput. The object is to lift all pressure from the distended bowel by fixing the diaphragm, thus making all breathing thoracic.—*London Med. Rec.*

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OSMIC ACID IN TRIGEMINAL NEURALGIA.—Dr. Schapiro in a recent lecture before the St. Petersburg Medical Society gave an account of the chemical and therapeutic history of osmic acid, commencing with the discovery of the metal osmium in 1804 by the English chemist, Smithson Tennant, and concluding with his own observations made during the latter half of 1884 in the ambulance of the Imperial Philanthropic Society, when he employed injections of osmic acid in eight cases of trigeminal neuralgia, all of them severe, very obstinate, and of long standing. Of these cases five were cured, two improved, and one derived no benefit from the treatment. The formula used by him was—℞ Acidi osmici, 0·1; aquæ dest. 6·0; glycerini chemice puri, 4·0. This he found kept well for two or three weeks; while the simple watery solution began to become brown in three or four days, and afterwards turned black, and was then useless. As one gramme costs four roubles (eight shilling), being thus four times as dear as gold, it is of considerable importance to make use of a solution which will keep. The writer also found no dark specks in his solution such as are to be met with in that used by Neuber. The dose injected was at first five drops, afterwards more, the medium dose being eight drops. The only time when any unpleasent symptom occured was in the case of a hightly nervous lady who had been subject to epilepsy, and in whom the injection induced an attack of faintness very similar, in Dr. Schapiro's opinion, to the petit mal, and he suggests that with nervous patients the possibility of the occurrence of faintness should be borne in mind. The only case in which no improvement followed the treatment was that of a lady whose case was diagnosed by Professor Erb as hysterical neuralgia, and who suffered from severe pains in the neck and back of the head, and was believed to have some central lesion. In her case a single injection was followed by increased pain, and she refused to allow any more injections to be attempted. Dr. Schapiro not having observed any evil local effects such as were described by Leichtenstern (sanguineous bullæ, scabs, tedious boils) does not hesitate to inject under the skin of the face. He does not at present go deeply into the theory of the action of osmic acid, though he intends to study this experimentally; but he remarks that its most important action is to cause inflammation of the terminal nerve branches, its narcotic effect being of a secondary nature only.—*The Practitioner.*

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REGENERATION OF THE SPLEEN IN THE FOX.—Professor Eternod, of Geneva, publishes an interesting account of his researches on this point. His results are confirmatory of Tizzoni's. The chief point of interest was that, four months after the spleen had been entirely removed, a nodule of newly formed splenic tissue was found, enclosing in its substance foreign bodies that could only have been introduced through the wound at the time of the operation. The nodule was thirteeen millimetres long and eight broad; and apart from some embryonic tissue, in microscopic character it was almost identical with the normal spleen. Amongst the other conditions found, the most noteworthy were the new formation of adenoid tissue, especially in the lymphatic glands into splenic tissue. This last circumstanse supports the view held for some time by Professor Eternod, that the spleen is only a vast elaborate lymphatic gland.—*Practitioner.*

WILLIAMS ON A BACILLUS HALLUCINATION.—In the *Brit. Med. Jour.*, August 1885, p. 424, Mr. Charles Williams records the case of a gentleman, aged 40, who possessed a most peculiar delusion. When he talked on ordinary topics, one could detect nothing out of the way in his manner or conversation, but if one allowed him time, he would be sure to bring in something about the 'bacillus.' He stated he had one in his blood, and that all his troubles arose in consequence; he added that he was looking at the sun one day two years ago, when he distinctly saw a bacillus enter one of his eyes, and penetrate into the blood. He would draw the bacillus on paper, and represented it by a straight line about an inch in length, and at one end of this an oval body of the size of a farthing. The oval end puzzled the patient somewhat, but he seemed pleased when the author suggested it might be a blood-corpuscle.—*London Med. Record.*

BIGNON ON CUCA AND CUCAINE.—Senor Bignon, professor of chemistry in the Medical School of Lima, publishes in *Les Nouveaux Remèdies* his inquiries on the properties of cuca and cucaine he finds that in the fresh leaves of cuca, and in those recently dried which have undergone no fermentation, there exists only one alkaloid (cucaine), which is crystallisable and inodorous. Cuca leaves, from which all the cucaine has been completely exhausted, when submitted to the action of heat (100° C.) and of alka-

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lies give by distillation a new volatile base of strong odor (hygrin). Hydrochloric acid, even dilute, acts slowly on cucaine, partially decomposing it. Thus solutions which are not exactly neutral suffer decomposition, become odoriferous, crystallise with difficulty, and leave a syrupy mother-liquid. Few alkaloids are so sensative to chemical and physical actions as cucaine. This fact must be born in mind in all the manipulations it may undergo. Cuca leaves dried during a damp season, or pressed in bags before complete desiccation, undergo a fermentation which destroys the cucaine. This destruction of the cucaine takes place gradually, but is finally complete. Fresh leaves, or those recently dried in the open air in a good season, frequently turned and protected from damp and dew, yield eight grammes per kilogramme; the better samples may even afford ten grammes or more. The best results are obtained with the pure alkaloid; the anæsthetic properties are attenuated in its salts. Contrary to the opinion generally admitted, Professor Bignon believes that the irritation produced by the alkaloid is due to the cucaine, not to the hygrin. He also believes that the dilatation of the pupil is a property inherent in cucaine, and attenuated in its salts. Solutions which do not produce this dilatation have begun to decompose, and contain a derivative, which unfortunately is easily developed, which is very soluable in water, uncrystallisable, and whose composition is unknown, although it is supposed to be a glucoside. The Indian of Peru chews approximately from 300 to 500 grammes of cuca per week. This cuca contains from five to six grammes of cucaine per kilogramme; he absorbs, then, from two to three grammes of cuca per week, or from thirty to fory centigrammes per day. The action of cucaine on the mucous membrane of the stomach is far from being known. Cuca contains cucaine in the form of an inert salt, having no special therapeutic properties. The Indian, however, never chews coca alone, but always with the admixture of lime and ashes—that is to say, with strong bases which isolate the cucaine. What he desires are the anæsthetic properties and the effect of insensibility in the mucous membrane of the stomach. The leaf has none of the special properties attributed to it. It is not nutritive, nor tonic, but only posesses those properties common to other resinous aromatic plants. For external use in general burns, catheterism, &c., and even for diseases of the eyes, Professor Bignon advises the admixture of

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vaseline and cucaine. For internal use and sprays, he recommends alcoholic solutions containing 20 per cent. of the alkaloid. Ten cetigrammes are the medium daily dose.—*London Med. Record.*

TESTA ON IODOFORM IN GOUT.—Professor Testa (*Gaz. Med. di Torino*, 1885) recommends the use of iodoform in gout. From several experiments and clinical observations, he arrives at the following conclusions: 1. Iodoform augments the daily excretions of urea, while it accelerates the organic changes of matter and the process of oxidation. 2. The quantity of uric acid which is excreted daily with the urine, under the use of highly nitrogenized food, is diminished, inasmuch as, through acceleration of the process of oxidation, the conversion of uric acid into urea is increased. Oxaluria is diminished, through conversion of the oxalic acid into carbolic acid and water. 4. In gout, the amount of uric acid in the blood is diminished through an increase of the organic changes. 5. Hence iodoform is to be regarded as a rational remedy, fulfilling the primary indication in gout. The quantity of iodoform given daily by Dr. Testa amounted to from sixteen to twenty centigrammes (1½ to 3 grs). In seven cases of gout in which it was given, the paroxysms became less frequent, and their intensity and duration were reduced. It appears, however, to be contra-indicated, or at least to require great caution in its use, in cases where gout is complicated with an affection of the kidneys.—*Ibid.*

OTTO ON HYDROCHLORATE OF CUCAINE IN SEA-SICKNESS.—Dr. W. Otto, surgeon to the steamship Ems, writes in the *Berliner Klin. Wochenschrift*, No. 43, that since May of this year he has used cucaine as a remedy for sea-sickness in five voyages between Bremen and New York. It was given by the author in the form of a mixture of one part of Merck's solution of hydroclorate of cucaine and nine parts of water. Each dose for adults varied from fifteen milligrammes (0.6 grain) to two centigrammes (0.8 grain), not oftener than three times daily. Dr. Otto has not used subcutaneous injections, nor has he given cucaine to children. During the first day of administration, the patients were kept in the horizontal position. The result of the treatment was the cessation of vomiting and of nausea, followed by refreshing quiet sleep. It was very successful in some cases

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of pregnant women. Some patients, however, in spite of cucaine, remained sea-sick to the end of the voyage.—*Ibid.*

WAGNER ON A CASE OF GYNÆCOMASTIA.—W. F., a potter, aged 21, was born in Stralsunds; there was no history of deformity or of consanguineous marriage in his family. When 16 years of age, the right mammary gland began to develop rapidly, apparently from frequent rubbing of a cord against the right side of the chest. The gland was only tender on direct pressure, and the patient came under the care of Dr. A. Wagner, of Ribnitz, on account of a trifling accident; the condition of the breast was then first noticed by a medical man. Dr. Wagner found him to be a man about 5 feet 8 inches high, slender, with large eyes, prominent brows, thick, dark hair, each hair being very stout, and a very weak beard. His voice was deep and manly. The left breast was as is usual in a young man, the right was enlarged and hemispherical, its diameter 4½ inches, and its consistence precisely like that of the breast of a young girl, the glandular substance being very clearly definable to the touch. The right areola was rather more developed and darker than the left, but no milky fluid issued fron the nipple as has been observed in other cases. The genitals of the patient were very well developed, and his sexual appetite and conjugal relations perfectly normal. Dr. Wagner observes that, according to Schuchardt 272 cases have been collected. In many instances the enlarged breast was painful. In Brant's case the abnormal gland was inflamed. In a large proportion of the cases the enlargement was not strickly glandular, but almost confined to the fat and cellular tissue. In this case the right upper extremity, especially the hand and finger, were hypertrophied. J. C. A. Mayer and Wenzel Gruber declares that castrated subjects have larger breasts than any other men, and the latter described a case where the abnormal enlargement commenced a few years after the removal of one testicle. Paulicky has detected a relation between defective development of the male organs and gynæcomastia. C. Weber and others have observed effeminacy in body, mind and habits in males with abnormally developed breasts and Bédor, as well as other observers, have frequently found that such persons are strumous.—*Ibid.*

MACDONALD ON CASES OF SINGLE KIDNEY.—In the *Lancet* for

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May, 1885, Mr. Macdonald records two instancee of congenital absence of one kidney met with at the Dorset County Asylum. Both cases were met with in the post mortem room. One was found in a man who suffered from epileptic dementia. On reflecting the mesentery and small intestine, one large kidney was found lying on the spinal column, opposite the second, third and fourth lumbar vertebræ. It weighed 11½ ounces, and was irregular in shape. The vascular supply was obtained by one branch from the aorta, and a second from the left common iliac artery. There were two ureters, one at the normal pelvis, and one above it. Both entered the bladder normally. There were two suprerenal capsules, one situated on each side of the eleventh dorsal vertebræ. The second case was that of a female, also the subject of epilepsy. On examining the body post mortem, no right kidney or ureter could be detected. The left lay in its normal position, and weighed nine ounces. The suprarenal capsules were normal. There were two renal arteries; one large, coming off from the aorta below the superior mesenteric artery, and a second smaller one, an inch below the larger.—*Ibid.*

POENSGEN ON PARALYSIS FROM EXPOSURE TO COLD.—The *Deutsche Med. Woehensch.* of July 4 contains a report by Dr. Poensgen, assistant to Professor Czerny, of Heidelberg, of a case of paralysis in consequence of exposure to cold. The patient was a young man, aged 20, who spent a night in January, from midnight till 8 A. M., out of doors, lying on his right side on the ground in a state of intoxication. He was unconscious when found, and remained so until the evening, when severe pain in the right arm came on, which, together with a wound on the forehead, necessitated his removal to hospital on the third day. The arm below the elbow was found slightly bent, and in a position between pronation and supination, the fingers also being somewhat flexed; and this position was retained with a certain amount of rigidity. The skin was neither reddened nor discolored, and a little œdema was the only apparent disturbance of circulation. The flexor muscles were swollen, very hard, and very tender on pressure. Muscular power and sensibility were diminished in the lower part of the arm; the hand could not be clenched, and extension of the wrist and fingers, with supination, was very painful when passively performed. The biceps was somewhat tender on strong pressure, but sensibility was intact

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all over the upper arm. The right leg presented similar changes on its outer surface, the muscles being tender and the sensibility diminished. Temperature, 38.3° C. (100° F.) The sensibility quickly improved, and was recovered in five days. The swelling abated in three days, and was replaced by diminution in size, amounting to about 1 centimeter in extremities, which still persisted when the patient was discharged at the end of a month. The tenderness and functional disturbance of the muscles improved also, but hard painful lumps developed in them, subsequently becoming less prominent than at first. Electrical examination, undertaken once after a fortnight, and once at the end of four weeks, showed irritability for the induced current to be diminished, and that for the galvanic current normal, while the nerve-conduction was intact. The question to be decided is whether the paralysis, was muscular or nervous in origin, and, judging from the history and progress of the case, with the preservation of the nervous conduction and the presence of cicatrices in the formerly inflamed muscles, Dr. Poensgen has no hesitation in pronuncing it to have been muscular, the result of the exposure to cold.—*Ibid.*

COMPLICATIONS OBSERVED IN THE VARIOUS ORGANS OF SENSE DURING THE COURSE OF MUMPS.—Dr. Fournié, in an exhaustive review of the numerous authorities citing cases in which the several organs of sense have been affected during, or subsequent to, an attact of mumps, concludes his paper with the following résumé:

The auditory apparatus is relatively the location of the most serious and frequent effects of mumps. Absolute or temporary deafness or catarrh of the auditory meatus are the principal expressions of such localization.

I.—*Absolute Deafness.*—This is of anatomical origin, uncertain in its nature, but resulting probably from direct miasmatic impression produced by the infectious principle of the disease upon the nervous system. The deafness is characterized by: (1) Early appearance; (2) Rapidity of production; (3) Independence of glandular and other complications incident to mumps; (4) Incurability. No appreciable otoscopic lesion is present, but the symptoms may more or less perfectly simulate those of Mincere's disease. There is no symptom by which the occurrence of deafness is foreshown, or by which the extent of the disease may be

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prognosticated. All ages, sexes, and forms of mumps are liable to such complication.

II *Temporary deafness.*—As a result of mumps, clinical facts will establish the possibility of a transient deafness, different in the time of its appearence, its intensity, and its duration, from that above described as is rarely complete, and lasts usually about two weeks.

III *Catarrh of the Meatus.*—In some instances there is produced an auricular catarrh similar to that of the conjunctiva or urethra. This determination of the disease is habitually contemporaneous with the glandular affection and is produced by a sero-purulent discharge little different from that of ordinary otorrhœa. Its duration is relatively short, and it plays no special part in the determination of those diseases which, occurring subsequently to mumps as well as to other diseases, may result in suppuration of the auditory meatus.

As ocular complications of parotiditis have been observed:(1) Conjunctivitis; (2) Inflammation of lachrymal gland; (3) Sensorial derangement of diverse nature.

The ocular catarrh is usually of little import and of rare occurrence, and only deserves attention from the fact that keratitis sometimes results as a complication.

Inflammation of the lachrymal gland is rare and of the same nature as that of the parotid.

Sensorial derangements are either of early or late appearance. If early, they are only observed in cases of extensive inflammation with abundant discharge. They are due to impediment in the antraocular circulation, and are benign and of short duration.

When they appear late in the disease they are, simular to deafness of the same origin, not dependent upon an exaggerated glandular flux, but have for their origin anatomical atrophy of the pupil, produced by direct impression of the morbific principle of the disease upon the nervous centres. They are serious in their nature and the prognosis is grave. *Physician & Surgeon.*

CÆSARIAN SECTION AFTER DEATH OF MOTHER, LIVING CHILD.—In the *N. C. Med. Jour.*, Dr. J. Mack Hays relates the history of an encient woman who was suddenly attacted with an extensive cerebral apoplexy. All efforts to save her were fruitless. At this time she was eight and one half months advanced in pregnancy and as she had felt the child move, the doctor with the

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consent of the father, immediately performed Cæsarian section, and removed a living male child. Thirteen days afterward, at the time the article was written, the child was living and seemed to be thriving.

Book Reviews.

ARTICLE LXVI.

A TEXT-BOOK OF MEDICAL PHYSICS. For the use of Student and Practitioner of Medicine. By John C. Draper, M. D., LL. D., Prof. of Chemistry, etc., New York. With 377 Illustrations. 8 Vo. pp. 733. [Philadelphia: Lea Brothers & Co. 1885.

This is a most attractive book, and will, no doubt, be very popular, as it deserves. It is divided into two parts; Part I. deals with matter and its forms, and occupies 230 pages. Part II, deals with energy and its forms, and occupies 485 page. He has the whole book divided into 918 subjects, each of which is treated in a clear and brief style. These subjects are announced in blacker faced type, which catches the eye on the instant the book is opened, and one can scarcely refrain from at once glancing over the paragraph to learn what is said thereon.

We do not lay claim to enough knowledge of medical physics to criticise the intrinsic merits of the work, but we do see that such a work, got up in such a style, will meet with many appreciative readers.

In this country it has not been as fully realized, that a knowledge of physics is indispensible to a thorough understanding of medicine as in Europe, where the admirable works of Robertson, of Desplats and Gariel and of many German writers have for years been text-books. These works constitute a branch of educational literature to which we can show no parallel. This work is the substance of Professor Draper's lectures on this department of science, that he has delivered during many years at the University of the City of New York.

The author says: "Broadly speaking, this work aims to im-

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part a knowledge of the relations existing between Physics and Medicine in their latest state of development, and to embody in the pursuit of this object whatever experience the author has gained during a long period of teaching this special branch of applied science. In certain cases topics not strictly embraced in the title have been included in the text—for example, the directions for section cutting and staining; and in other instances exceptionally full descriptions of apparatuses have been given, notably of the microscope; but in view of the importance of these subjects, the course pursued will doubtless be approved. Attention may be called to the paragraph headings and italicised words, which suggest a system of questions facilitating a review of the text."

The mechanical and typographical portion of the work is in the best of taste and style.

Notes and Items.

ARTICLE LXVII.

THE Transactions of the Mo. State Society are now ready for issue.

Those desiring a copy can secure the same by addressing Dr. Brooks, of Carthage, and enclosing one dollar.

Having taken charge of reporting for the Revue Générale Ophthalmologie, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyon, on the progress of Ophthamology in our country, I beg leave to request all authors and publishers of Ophthalmic works and papers to send me copies or reprints of their respective publications, in order to enable me to give the most complete review of the current ophthalmic literature in a periodical of the largest circulation among our profession. (Medical papers please copy).

Dr. M. Landesberg.
40 W. 34th. St. New York

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THE SAINT LOUIS
Medical & Surgical Journal.

VOLUME XLIX——December, 1885.——No. 6.

ARTICLE LXVIII.

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DR. W. B. CARPENTER.

If the JOURNAL has hitherto failed to make a due and proper notice of the death of this eminent leader in microscopy, physiology, and medicine, it was not from any want of a proper appreciation of the high character and great renown of the dead, nor of the loss which the world has sustained by his taking off; but from the failure of a gentlemen, who had studied under him and knew him well, to redeem a promise to write for our columns a fitting sketch of the life and labors of the deceased. The disappointment, it is proper to state, is due to the failing health of our friend, and not from a neglect of his promises. The death of Dr. Carpenter, which took place in November, at his home, 61 Grosvenor St., London, leaves a void in the ranks of English

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scientists, which grows greater the longer that one ponders upon the labors which busied his head and brain for so many years, and which he gave to the world so freely, not merely in the way of books, text-books and manuals, but in contributions to current literature. He was eminently a practical man, a man of work as well as theory, and in all that he wrote there ran a vein of practical common sense that made his works invaluable. His great book on microscopy, "The Microscope and its revelations," is alone a sufficient evidence of this particular trait in his character. He takes nothing for granted, and instead of leaving the student to imagine methods of carrying out his suggestions, he guides and directs him as to the simplest and best ways to succeed in every manipulation or examination. We yet hope to be able to present to our readers the promised sketch of the deceased from the pen of one who knew him and loved him.

PERSONAL—EXPLANATORY.

The MICROSCOPE for December, says editorially: "We were very much surprised to learn that Dr. F. L. James, of St. Louis, had severed his connection with the *National Druggist*. Our readers have often noticed extracts in our columns from this journal, and the extracts were well worth reading, too. The *National Druggist* has become known to hundreds of physicians and microscopists through Dr. James' connection with it, who would otherwise have remained entirely ignorant of its existence. We are glad that that journal and its readers are to be the only losers, for Dr. James will contine to give us his crisp notes as heretofore, only in another periodical. Our readers can get his writings by sending for the ST. LOUIS MEDICAL AND SURGICAL JOURNAL; and this is the best free ad. we have given any medical journal in a long time."

While we are exceedingly obliged to friend Stowell for this handsome compliment, we will say that Dr. James' retirement from the staff of the *National Druggist* was purely a matter of business, and that he sincerely hopes that it will

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not lose a friend or subscriber on account of his change of base. The *Druggist*, under its present editors is one of the best journals of the sort in the United States, and occupies the proud position of the only weekly drug journal in America. The field of usefulness of the MEDICAL AND SURGICAL JOURNAL and that of the *National Druggist*, though closely allied, are entirely different, and one who wishes to keep posted on all that pertains to medicine, including those branches usually embraced under the name (therapeutics, pathology, physiology, etc.,) and at the same time on chemistry, pharmacology, pharmacy, etc., should take both journals, which we offer at club rates, to *new* subscribers, (viz.: $3.00 per annum). The department of microscopy in the *National Druggist* conducted by Professor O. A. Wall, will give the experience of that gentlemen in the branches for which he has a national reputation, viz: the examination of medicines, drugs, etc., and vegetable histology, while our own microscopical department will be devoted to animal histology, pathology, and the technology of these branches.

ANNALES DEL CIRCULO MEDICO ARGENTINO.

Those of our readers who studied Mitchell's Common School Geography—alas a long time ago!—and who, by a trick of the mind common to humanity, when they hear the name of a distant and little known country, conjure up from memory's storehouse the pictures with which that book was embellished, would be somewhat astonished were they to pick up from our exchange table the journal which bears the title at the head of this notice, and be told that it is published in Buenos Ayres, and further, that it is no new venture of some enterprising Yankee or foreigner, but a genuine home product, already in the ninth year of its existence. Buenos Ayres, Argentine Confederation! That trick of the memory already alluded to, brings vividly before our eyes

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the old school house 'way down South, the doors and windows all open, and the breeze from off the gulf blowing through the great bare room and bringing to our ears the noise of the boys at play down in the pine grove, while the writer was "kept in" because he had missed his "jography"—and the lesson was Buenos Ayres. At the top of the page was a picture representing a sombreroed caballero, on a carracoling steed, preparing to lasso a whole herd of cattle. Another picture showed an ostrich chase—the natives hurling the bolas and the birds getting up and dusting! *Sic transit!* Here lies the publication referred to—one having the dual characteristics of a bulletin of the Argentine Medical Society (or circle,) and of a monthly journal of current medicine, well edited, well printed, and illustrated! Of the illustration however, the less said the better, as it is a phototype printed, no doubt, on a common press, which accounts for the failure. It is edited by Dr. Don José Penna, assisted by a corps or committee of collaborators from the Circulo Medico Argentine, which numbers 312 active, beside a host of honorary and corresponding members, scattered all over South America. The present number contains, as a leading article, a communication from Dr. Pedro Arata on a simple apparatus for photomicrography, illustrated with the plate referred to above. Dr. Ernesto Lozano has an interesting paper on supernumerary mamæ, an abstract of which is found elsewhere. Among the more interesting continued articles there is one upon the causes of the diseases prevalent in Buenos Ayres, a review of which will be given when it is complete. On the whole the *Annales del Circulo Medico Argentino* is a journal that would be creditable to any community, and one which we welcome to our exchange list.

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ARTICLE LXIX.

Medical Progress.

THERAPEUTIC NOTES

SALICYLIC ACID FOR SOFT CHANCRE.—Following the example of Hebra, Dr. Puig Falco, surgeon to the Hospital Santa Cruz, at Barcelona, has of late treated all cases of soft chancre by dusting twice daily with salicylic acid in powder, and washing the sores daily with carbolated water. He reports the very best results—a report that I regret I can not confirm in my own practice. I have met with nothing but disappointment in this method of treatment of soft chancre; nor have I had any better results with pyroligneous acid, also highly recommended by German surgeons.

GOLD-BEATER'S SKIN FOR BURNS.—Noting M. Meurisse's recommendation of the application of gold beater's skin as a dressing for burns and blisters, I recall the fact that for a number of years I used a similar material as a covering for ulcers of the leg and superficial wounds of all descriptions. Hunting once in the Sunk Lands of the Saint Francis, in Arkansas, I saw a trapper dressing an open sore by applying to it a piece of animal membrane. Inquiry led to the information that the membrane was simply the intestines of deer, thoroughly cleansed and stripped and kept for this especial purpose. On parting from him he gave me a quantity of the prepared material and as long as it lasted I used nothing else for the purpose mentioned. I am satisfied that it is one of the best dressings ever devised. M. Meurisse directs that when applied to burns the skin should be kept moistened with carron oil or lime and linseed oil mixture. I should suggest carbolated oil as being preferable.

NEW CARDIAC REMEDY.—M. Germain See presented to the Academie de Medicine at its seance of November 29th, a report upon sparteine, a new alkaloid derived from *spartium scoparium*, or common broom. This substance is liquid in form, oily, bitter to the taste, very alkaline, insoluble in water, but forming with sulphuric acid a salt which is readily soluble in that element. Concerning the therapeutical prop-

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erties of this new chemical, M. See said that after a large number of careful experiments and chemical investigations, he was prepared to say that it was of the very highest value. Its effects upon the heart especially were very remarkable, and at once brought it to the very front as a remedy in cardiac disturbances—its qualities in this direction being enhanced by the fact that it attained the maximum effects upon this organ without any apparent disturbance or alteration of any portion of the balance of the vital machinery. In proof of these assertions the author produced a number of sphygmographic tracings, which, to use his own words, furnished ocular and mathematical demonstration of their truth. The first and most important effect of the remedy seems to be reparative of the heart and pulse, in this respect resembling the action of digitalis, or lily of the valley, but infinitely more marked, prompt and lasting. The second effect is the immediate regularisation of the cardiac rythm in which respect no remedy hitherto known can be compared to the sulphate of sparteine. The third effect is acceleratory of the heart beats. All of these phenomena appear generally within one hour after the commencement of the remedy, though rarely they are delayed somewhat longer, and they last from three to four hours after the suppression of its administration. In the meantime all of the vital forces augment and respiration becomes easy and natural. From these words of M. See, backed up by sphygmographic tracings and clinical records, it would seem that the new alkaloid is a true acquisition to therapeutics in a direction where real acquisitions are most welcome. One thing we must remember, however, and that is that while M. See is a terror to other discoverers of new remedies, he is always very sanguine as to his own.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Condensed and translated from the Bulletins of the French and German Societies and Academies.

A HYDATID CYST OF LIVER was removed by M. Terrier, a French surgeon, during the month of September, and at the seance of November 29th the patient was presented to the Societé de Chirurgerie, cured. The queer part of the matter is that the operator thought up to the very moment that the

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peritoneum was cut through, that he had to do with an ovarian tumor. When he found out his mistake he sutured the pedicle and removed the tumor by incomplete extirpation.

PIGMENTATION IN DIABETES.—M. Letulle presented to the Societé Medicale des Hopitaux, at the seance of November 29th, two specimens of pigmentary cirrhosis, of the liver occurring in diabetic patients. Histological examination made it apparent that the pigment accumulated first in the hepatic cellules, and thence passed into the fibrous structure. A similar accumulation was found in the spleen, the heart and lungs. In the discussion which followed M. M. Hanob and Chauffard maintained that the pigmentation in such cases is due to a pigmentary hypergenesis in the hepatic cellule, while M. Letulle thought that the phenomenon was rather one of degeneration, which seems to us to be the more tenable view.

HYSTERIA IN THE MALE.—At the seance of the Societé des Hopitaux of November 29th, M. Debove stated that in every case of hemianæsthesia treated and apparently cured by the use of magnets and other so-called æsthiogenic agents, the origin and nature of the trouble was purely hysterical. He presented a patient, a robust man, aged thirty-five years, who has been admitted to the Hospital of the Rue des Tournelles, complaining of vague pains and aches which disappeared under hypnotismal suggestion. The patient had never been considered hysteric, but had had two attacks each of hemiplegia and of hemianæsthesia, alternating with each other. M. Debove stated that by hypnotisation he was enabled to reproduce in this man, at will, all of the hysterical phenomena, and those of paralytic stroke, even in the waking state, on mere suggestion.

TABETIC ARTHROPATHY OF THE SPINAL COLUMN.—M. M. Pitres and Vaillard have presented to the Societé de Biologie a paper on this subject, accompanying it with a preparation illustrative of the points made by them. The specimen shows most conclusively what has been for a long time suspected, viz.: that the spinal column does not suffer immunity any more than any other portion of the bony frame of man, from those trophic troubles described by M. Charcot under the

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name of tabetic arthropathy. These vertebral arthropathies develop generally without pain and produce notable malformations of the spine, abnormal inward curves and irregular projections, and in many instances they simulate very closely tubercular lesions or bony neoplasms. A false diagnosis in such cases may be avoided by a careful consideration of coexisting symptoms of tabes, of the evolution of the vertebral lesion, its indolence, and the absence of suppuration and inflammatory reaction.

ARTICLE LXX.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., President St. Louis Society of Microscopists, of St. Louis.

MICROPHOTOGRAPHY IN SOUTH AMERICA. The August number of the *Annales del Circulo Medico Argentino*, published in Buenos Ayres, has an article on the use of photomicrography in pathological examinations, by Dr. P. N. Arata. It is illustrated by a phototype made by the author, but owing to faulty printing the illustration is valueless. The article itself is a good one, describing the most modern and simple methods of photomicrography.

THE AMERICAN MONTHLY MICROSCOPICAL JOURNAL for December, edited and published by Dr. Romyn Hitchcock, of Washington, D. C., contains a varied assortment of excellent reading for students of microscopy. The leading article, on Red Snow, is an abstract of a paper read by the editor before the Washington Biological Society, and is an interesting resumé of this peculiar, though now well understood, phenomnon. Dr. Hitchcock has also the second of his papers on the art of photomicrography, illustrated with excellent wood cuts of apparatus, etc. The sixth number of Dr. Gierke's work on staining tissues in microscopy is a very valuable paper. The editor speaks in a cheerful way about the future prospects of the Journal, and we wish him the full mede of that success which he anticipates for the coming year.

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THE JOURNALS. The *Microscope* for December is prompt as usual, and, also as usual, is as full of matter interesting to the microscopist, as an egg is of meat. Professor Stowell leads off with a study of the human blood, illustrated with several cuts, which I hope to be able to present to our readers at no distant date. The second number of M. Walmsley's most excellent article on "How to make Photomicrographs" is just such a one as we would expect from the hand of a master in the art and so genial a gentleman. Either of these papers is worth many times the annual subscription to the *Microscope*, which by the way is only one dollar, a sum that none of our readers would miss, and which will bring him many and many a pleasant hour's reading. It is published at Ann Arbor, Mich., by Dr. Stowell, assisted by his charming wife, Mrs. Louisa Reed Stowell, whose pen drawings of vegetable histology are equal to photomicrographs.

THE JOURNAL OF MICROSCOPY AND NATURAL SCIENCE.—In looking at this English quarterly and comparing it with our American publications, one of the many striking remarks of Governor Cox, made at the Cleveland meeting, involuntarily springs into memory. Holding up a copy of some journal which contained a most beautifully executed engraving of a microphotograph of diatoms, he said: "I would rather have *one* such engraving in our proceedings, than a bookful of the ordinary wood cuts with which we have to content ourselves." Whatever be the merits (and they are many and great) of our own journals, it is not to be denied that in this particular at least, we are far behind our English relatives. The four numbers of the journal whose name heads this article, contain 23 full page illustrations, each of them of a high degree of merit, besides descriptive matter equally valuable, beautifully printed on first-class paper. To those who desire a first-class foreign quarterly (though anything English scarcely seems foreign to Americans) we most sincerely recommend the *Journal of Microscopy*. Mr. Alfred Allen, the editor, is also the Hon. Secretary of the Postal Microscopical Society, of which the *Journal* is the official organ. With the new year he commences the publication of the *Scientific Enquirer* which is to be a monthly supplement to the *Journal*, the main features of which are to be questions on all subjects

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relating to any branch of natural science, and answers thereto by subscribers, contributions on all points of interest to students of natural history and extracts from recent publications relating to these subjects. The price of this monthly publication is fixed at 4d—about 8 cents per number, or one dollar per annum in addition to the price of the quarterly which to American subscribers is $1.75 per annum.

LE JOURNAL DE MICROGRAPHIE.—Only those who have for years followed the course of Dr. Pelletan in his *Revue Mensuelle*, or monthly review of all matters pertaining to the progress of human and vegetable histology, anatomy, botany, zoology, and other departments of natural science as revealed by the microscope, know with what pleasure the *Journal de Micrographie* is received and read. A strong and original thinker, a vigorous writer and a good hater (though a fair and impartial man in the main), the doctor is no respecter of persons or dogmas, and, as I have said before in these columns, "goes for" Koch or Pasteur, just as quickly and savagely as he would for smaller game—Don Domingo Friere, of yellow fever microbe notoriety, or Ferran, the cholera inoculator for instance. The *Revue* in the November number is given up to a discussion to the most recent claims of Prof. Pasteur as regards curative inoculations in rabies. As might have been expected, Dr. Pelletan takes but little stock in Pasteur's triumphant declaration that rabies is at last conquered, though he does the Professor the justice of publishing the full text of his communication to the Academie des Sciences, at the séance of October 26th, 1885. As I shall make some extracts from Dr. Pelletan's *revue*, elsewhere, I cannot further allude to the subject here. The *Journal* contains a continuation of Prof. Ranvier's lectures on the mucous membranes and glandular system, the present being the fifth of the series on the liver. The study of cryptogamic life is enriched by papers from M. M. Marchand, Billet, Heckel and Charriere, while M. Olivier has a most interesting article on the canalisation of the cellules and the continuity of protoplasm in vegetable cells.

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ELEMENTARY MICROSCOPICAL TECHNOLOGY.

III.

§ X. HARDENING.—Most of the preserving agents mentioned in our opening chapter, have also hardening powers, the method of action being about the same in all of them, the variation being in the degree of hardness attained and the length of time required to reach the requisite point. Thus alcohol is by far the best and most useful of the hardening agents for most animal tissues, but when applied to the softer tissues of the lower organisms, by withdrawing the aqueous matter of which they are largely composed, it shrivels and shrinks them so that they are practically worthless for subsequent observation and study. Osmic acid, which in weak solution is a perfect hardening agent for the latter class of tissues, is too slow in its action for the former. No absolute rule can therefore be given as to the choice of a hardening agent. In the great majority of cases, however, alcohol, used as already suggested (i. e. in gradually increased strength) will answer every requirement. When a more rapid effect than that produced by absolute alcohol is desired, the latter may be supplemented by picric acid which, however, stains as well as hardens. The same may be said of chromic acid, bichromate of potassium and their combinations (as in Mueller's fluid). The materials and methods used in hardening being so diverse and numerous, we can, at this stage in our work, give only the philosophy and outline of the process, leaving for future explanation the suggestion as to the proper medium to be used for various tissues.

§ XI. The hardening agents usually resorted to in animal histological researches are:

a. Heat.

b. Cold.

c. Dessication.

d. Chemicals, viz.: alcohol, chromic, picric, and osmic acids, etc.

HEAT—Boiling: There are certain tissues the structure of which is rendered visible by submitting them to the action of heat. Such, for instance, are the branched muscular fibers of the frog's tongue, the fibers of the crystalline lens, etc. The object to be examined is put into a large test tube, cov-

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ered with distilled water and boiled for a few moments over the flame of an alcohol lamp, or in a water bath. This method was formerly much in vogue, especially among English microscopists, but it is now rarely resorted to. If however, one is pressed for time and desires merely to differentiate certain elements in the structure of material such as that referred to, it affords a quick and ready means of so doing—the word differentiate being used in a limited sense, as no one, even a novice, can believe that the true histological features of any structure can remain unaltered after being submitted to an agent or process so destructive to life and living matter.

COLD—Freezing: It is but a very few years since German histologists and investigators maintained that material which had undergone the processes of hardening by heat or chemicals, gave results, when examined under the microscope, that were altogether unreliable and misleading. These teachers advocated the process of hardening by freezing and declared that frozen sections of fresh material were the only ones in which the true histological elements and conditions could be observed and studied. Of late, however, those who advocated the freezing process most strenuously, have found that it produces abnormalities quite as numerous and as serious as does hardening by chemicals, and that it has little to offer in return for the many advantages of which it deprives us. There are, however, circumstances under which it may be advantageously resorted to, and most of the modern microtomes (section cutters) are provided with freezing devices. In the absence of special contrivances the material may be frozen sufficiently hard for all practical purposes by immersing it (contained in a test tube) in any of the well known freezing mixtures, of which the following are the best:

1. Snow or powdered ice, 12 parts; nitrate of ammonium, and chloride of sodium, each, 5 parts. This will lower the temperature from any point to 25° below zero, F.

2. Snow or powdered ice, 4 parts; crystalized chloride of calcium, 6 parts. This will cause a depression of the temperature 82° F. from any point above zero (the actual depression below this point being not quite so much, though very nearly so.)

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3. Equal parts of nitrate of ammonium, carbonate of sodium and water. This lowers the temperature 57° F. from any point.

Dr. Beale suggests a method of freezing which is very convenient for dentists and others having nitrous oxide at command. Tissues may be instantly frozen by imbedding them in albumen or gelatine and placing them in a test tube, submiting it to the action of a jet of that gas. It requires but a few moments to render the mass as solid as rock. After freezing the material, very thin sections may be cut from it and afterward prepared and examined at leisure. The advantages to hardening by freezing are that perfectly fresh material may be used and much time thus saved when time is an element to be considered.

DESSICATION. Skin, mucous membrane, and material of this kind may be hardened by simply drying, by exposure to the atmosphere at ordinary temperatures, or by the careful application of a very low degree of heat. To quote Dr. Beale again (whose book "How to work with the Microscope" is one of the very best text-books ever published), tissues that we wish to harden in this manner may be stretched on boards, fastened in place with pins and thus allowed to dry. Sections cut from material thus prepared when placed in water or diluted glycerin, resume, to a great extent, their fresh appearance. When an air-pump is convenient a most rapid and excellent method of dessication is to suspend the article in the receiver over a vessel containing anhydrous sulphuric acid. On exhausting the air the moisture is rapidly withdrawn from the object and taken up by the acid.

CHEMICAL MEDIA. By far the most useful and generally applicable of these is ALCOHOL, used as described in Chapter I, for preserving purposes. The range of animal textures to which this agent is applicable is limited only by the fact that it renders albuminous tissues, otherwise transparent, opaque and granular, and that it precipitates albumen from solutions. Its avidity for water and consequent shriveling action on delicate tissues has already been noted.

ANHYDROUS GLYCERIN will harden many tissues very nicely, but its action is comparatively slow, and to obtain a

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satisfactory result the glycerin must be kept in an air-tight vessel and changed frequently.

The brain, spinal cord and such tissues are hardened very beautifully by immersion in solutions of CHROMIC ACID, the chromate and bichromate of potassium, and mixtures containing these chemicals, such as Mueller's and other solutions.

PICRIC ACID is another hardening agent of a wide range of usefulness. It is used in either alcoholic or aqueous solution or as an ingredient in complex hardening fluids, such as Kleinenberg's. If used in water the solution should be saturated, since it is but sparingly soluble in that medium. For the same reason the bulk of the solution should be large in proportion to that of the material. When dissolved in alcohol the percentage may be varied according to the rapidity of the desired effect.

OSMIC ACID. To those whose studies lie among the lower forms of animal and vegetable life this chemical is one of the most valuable in the whole list of hardening agents. Its application not only kills those organisms but it does instantly and without distortion. It preserves the tissues indefinitely, and by its selective staining property (which will hereafter be alluded to in its proper place) it brings out features that would otherwise escape observation. It should be used in solution not stronger than one per cent., and this solution should be kept absolutely protected from the action of the light. I use for this purpose a glass stoppered bottle, thickly painted with drop black and afterward covered with heavy tin or lead foil. The whole should be placed in a closely covered metallic box (a yeast powder can is the very thing.) In preparing this solution the following precautions should be observed: Clean the bottle which is to hold it, in the most perfect manner, rinsing frequently with distilled water. Clean also in the same manner the outside of the glass tube in which the osmic acid is found in commerce. Weigh the distilled water or measure it carefully, pour it into the prepared bottle, and then drop the tube of osmic acid into it. Put in the stopper and shake the vessel sharply until the glass tube is fractured and the water allowed to reach the acid. Even when thus prepared the solution is

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prone to decompose and must be made afresh quite frequently. Specimens to be hardened in this agent should be cut up quite small—a rule by the way, that holds good with all other agents, and put into a vessel prepared as suggested above for the exclusion of light. The period required for hardening varies according to the object.

ARTICLE LXXI.

Department of Dermatology and Syphilology.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., Professor of Dermatology and Syphilology, St. Louis College of Physicians and Surgeons, of St. Louis.

XANTHOMA OF THE ELBOWS.—Dr. Robinson presented to the New York Dermatological Society (*Jour. Cut. and Ven. Dis.*) a woman about forty years old, who had a large patch of xanthoma on both elbows, and nowhere else on the body. In addition, there was some obstruction of the sweat ducts of the face. Patient never had jaundice. She suffered considerably from catarrhal dyspepsia. This condition is quite uncommon. As a rule we do not find the patches of xanthoma limited to the elbows, but rather occurring about the face and more particularly the eyelids.

CONGENITAL PURPURA IN A NEW-BORN CHILD.—Elizabeth S. Brown gives the history of a case (*Am. Jour. Obstet.*) of the hemorrhagic diathesis in a new-born infant. The grandfather on the maternal side was a "bleeder," and none other in the family. The child was born with petechiæ on the chin and abdomen, and an ecchymotic spot the size of a half dollar, in the right hypochondrium. The spots developed from day to day. At the same time there was hemorrhage from the stomach, bowels and umbilical vessels; none from the mouth or nose. The child died on the third day; it was noticed the first day, that while the hemorrhage was going on, the spots became brighter.

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NEW TREATMENT OF LUPUS.—The question is still an open one, as to whether lupus is a form of tuberculosis or not. A great deal of work is being done at present in the investigation of this subject. The tubercle bacillus has been repeatedly found in lupoid patches; but on the other hand, all search for it has been fruitless in other cases. Basing himself upon the tuberculous origin of lupus, and further asserting that it does not spread so rapidly on account of the exposure to cold to which the patches are subjected, Professor C. Gerhardt, of Berlin, (*Deutche Med. Woch.*) has treated cases successfully, he claims, by the application of small ice-bags constantly applied to the disease. He claims superiority over other methods, in rapidity, in checking the process and it is attended with no destruction of the surrounding tissues. How permanent his results will remain, must be left to time for decision.

ZONA WITH MOTOR PARALYSIS.—Dr. G. Waller contributes the history of two interesting cases of this description (*Week. blad*): The first, an old woman, had the right side of the face covered with the eruption of zona. In a few weeks the lesions and pain disappeared but were succeeded by a paralysis of that side of the face and loss of taste in the corresponding half of the tongue. The other case was that of an old man. The part affected by the disease was the right upper arm on its anterior face. A week after he could not raise or extend the arm. The muscles answered readily to electrical stimulation. Electrical treatment rapidly cured the case. Cases of persistent neuralgia, lasting a long time after the disappearance of the skin lesions, are common enough, but the occurence of motor paralysis is unusual and is probably due to a deep impression being produced, doubtless more marked on account of the advanced age of the patients.

COLD WATER TREATMENT IN GONORRHŒA.—The various methods of treating gonorrhœa are nearly as numerous as the sands of the sea, we were going to say, and still the end is not yet. The discovery of the gonococcus has given a new direction to the methods employed and has greatly aided in discarding the method of treating it by the internal administration of remedies. Dr. H. Picard reports success with the method proposed by Langlebert (*France Medicale*). It consists simply in keeping compresses dipped in cold water (10°-14° C.)

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constantly around the penis, taking care that the organ is placed up against the abdomen. The method is only applicable to acute or subacute cases and the author claims that the majority are well in a fortnight. The advantages, he claims, are, a sure and rapid cure, the avoidance of internal medication, and, we might add, a great deal of enforced rest. The disadvantages accompanying it are the necessity of often renewing the application, especially at night, and the danger of contracting colds, rheumatism and colic.

THE CHANCRE.—Prof. H. Zeissl says that "the size and induration has no prognostic importance (*Polyclinic*) in regard to the benign or malignant nature of syphilis. Small and recent indurations, however, yield, generally, more easily to treatment than those which are large and chronic. The absorption of the induration begins at the center and is explained by the injured tissue having less power of resistance, it becomes less hard, and after the disappearance of the sclerosis leaves a red-brown pigmentation, which corresponds in size to the induration. The pigmentation gradually fades away, and the part originally affected becomes whiter than the surrounding healthy skin." Often, however, even this superficial scar is not formed and we have a gradual fading of the pigmentation into the color of the normal tissues, no remains being left to show the original site of the chancre. The concluding result is one which we would especially commend to the consideration of our readers. It is that "the excision of the induration does not stop the development of the secondary phenomena; frequently, as previously noticed by Delpech, the induration is reproduced at the seat of incision."

SYPHILITIC PSEUDO-PARALYSIS.—Parrot was the first to describe this obscure trouble and M. Dreyfous has recently published an exhaustive monograph on the subject (*Revue Mensuelle de Med.*) The disease presents itself as an absolute paralysis, flaccid, more or less extensive, but limited to the extremities. There is no loss of cutaneous sensibility and electro-muscular reaction remains. There is marked pain and a more or less apparent tumefaction of the extremities of bones. It is rare for one extremity only to be affected; generally there are two, the paralysis is symmetrical, affecting the arms, more rarely both legs. When the legs are affected,

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one of the arms soon becomes paretic; rarely all four limbs. It always remains confined to the limbs, however. Its onset is insidious, latent and unaccompanied, at any time, by fever. Occasionally, other manifestations are visible. The progress of the disease is variable, but it is almost always fatal. M. Dreyfous recognizes three forms of the trouble. Where syphilis is known to exist, where it seems to have a traumatic origin, and where syphilis is not formed nor any traumatism. It is in this last class that they are apt to be taken for cases of infantile paralysis. The trouble has been noted as early as birth and as late as two or three months. Prognosis is always grave, more so in case the child can not obtain the best hygienic conditions, combined with a high grade of nutrition and efficient mercurial treatment.

SHORT TALKS ON DERMATOLOGY.

Under the above Caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification but diseases will be taken up as they suggest themselves.

II. HYPERIDROSIS.

Hyperidrosis or excessive sweating is a functional disease of the sweat glands which manifests itself either in a general or a localized form. In a general form it is an evidence, either of exposure to excessive heat or of some internal pyrexia, due to the rapid oxidation of tissues. In all fevers, in phthisis, and other systemic diseases accompanied by great waste of tissue, excessive sweating, which is generalized, forms, frequently, a prominent symptom. The localized form, however, is that to which our attention is most often directed and to which treatment must be carefully employed, in order to obtain successful results.

The parts which are most liable to be attacked are such as are kept warm and more or less confined. Hence we notice that the pudenda, perineum and soles of the feet are the most frequent seats of the affection, whilst the palms of the hands are also quite often implicated. In parts which are subjected to heat it generally happens that in addition to an excessive secretion of sweat, there is also the presence of a disagreeable

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odor. This is caused by the decomposition of the sebum or fat and more or less putrefaction of the macerated epithelial scales which are separated from the epidermis by the action of the increased amount of sweat.

Upon examining a part subject to this disease we find that the skin has a soggy appearance, that the horny layer of the epidermis (scarf-skin) is easily rubbed off, and that beneath a pinkish or whitish appearance is presented. The patient will complain that the skin is more or less tender to pressure and very painful to friction. Especially is this the case with the soles of the feet. Besides this the mental distress it occasions is, in many instances, quite marked. Should the parts be exposed to any considerable amount of friction "chafe" or erythema intertrigo may supervene and thus aggravate the condition.

The causes are numerous and are such as will tend to inhibit the action of the vasomotor and trophic nerves of the skin.

The general treatment which is employed should be directed to the general condition of the patient and have in view the placing of the whole system in as good a condition as possible. Tonics of various kinds, if indicated; nervines, etc., are to be administered upon general principles.

The local treatment is perhaps the more important as well as that from which better results are to be anticipated and vary a great deal with the condition of the trouble and its chronicity. In mild cases where the sweat is not poured out in excessively large quantities, and where the decomposition does not set in very rapidly, frequent washing followed by the application of astringent lotions is sufficient. The process will very often be hastened by occasionally painting the surface with tincture of belladonna. As astringents, may be used, catechu, tannin, alum, etc. The number of remedies which have been used for this trouble is large, and they have been succeeded by more or less success. Chloral hydrate in solution is a very good application, but should not be used too strong. After applying the lotion a dusting powder should always be used.

The form of hyperidrosis for which relief is most often sought and which is most difficult to relieve, is that affecting the feet. If any of the means indicated above fail, there are a number of others, one of which may succeed. A good one is that lately adopted in the German army. It consists of two

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parts of salicylic acid mixed with one hundred parts of best mutton suet, and applied to the parts daily, care being taken not to wash the affected locality, but wiping it dry and seeing to it that opposing surfaces do not come into contact. Another method introduced by a French army surgeon consists in washing the feet well, applying powdered subnitrate of bismuth and renewing often without further washing. By dusting the feet liberally every day with this preparation, a cure will often be accomplished in a fortnight.

I have found that in excessive sweating of the soles of the feet, especially, the application of ordinary adhesive plaster, renewed every other day, will give good results in ten or twelve days. In place of this a belladonna plaster may be used, but will not be as satisfactory to the patient.

Carbolic acid lotions, beta naphthol in alcohol, boracic acid in the form of a saturated solution, permanganate of potassium, corrosive sublimate, sulphate of zinc are further examples of external applications, but Hebra's method is perhaps the best for obstinate cases, and if one course of this treatment does not suffice, another one ought to be undertaken, as improvement, if not cure, will follow each attempt. The method, in brief, is as follows: The feet are well washed and dried with a cloth and dusting powder. Then the soles and toes are covered snugly with pieces of cloth upon which has been spread, to the thickness of an ordinary knife-blade, the unguentum diachyli. This ointment is made by adding one part of litharge to four of olive oil and gradually adding water enough to make a stiff ointment. The process is repeated in twenty-four hours, the feet, however, being merely wiped dry with a cloth and dusting powder. After repeating the application for ten to twenty days, dusting powders alone are used, for a time, until there is an assurance of a cure.

The prognosis of the disease is fair, but should be guarded and based upon each individual disease. In hyperidrosis dependent upon neuralgia or similar condition, it is good; whilst, in the majority of cases, where the cause is obscure, it is not so favorable, and in old standing cases of local hyperidrosis especially of the feet, it is very often bad and requires a great deal of patience and a determination to carry out details on the part of the patient to bring the case to a successful termination.

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ARTICLE LXXII.

Department of the Respiratory Organs.

CONDUCTED BY

J. C. MULHALL, M. D., Physician to the Throat and Chest Department, St. Louis Medical College Dispensary.

ATROPIA FOR ACUTE CORYZA.—*Med. News.* Dr. John Gray, of Jacksonville, Florida, renews attention to the great benefit of the drug in doses of $\frac{1}{120}$ of the sulphate, repeated after four hours. The dose needed is not sufficient to produce much disturbance of vision.

LOCAL TREATMENT DIPHTHERIA.—*Cent. Blatt. f. die Gesam. Therap.* Dr. Robert Ofner, from an experience of sixty cases, is convinced that he has saved many lives by thoroughly painting the throat several times daily with balsam of Peru diluted with spirits of wine and turpentine. He regards this a certain germicide to the diphtheria micro-organism.

RENAL ASTHMA.—*Med. News.* Dr. Austin Flint. Among the fatal prognostics of Bright's disease, "generally if not always," Dr. Flint places renal asthma. He stated that this asthma was independent of any trouble with lungs, being in all probability, a cerebral condition, due to the poison of certain excrementitious materials irritating the nerve centres.

THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—*Practitioner.* Dr. R. W. Crighton, tells us that in glandular enlargements of the neck in children, where the glands seem massed together, and are almost of stony hardness, and in which both cod liver oil and iodine have failed to reduce the bulk, he has with this drug effected a cure. The drug must be continued for months. He finds it also efficacious when there is chronic suppuration of these glands. The dose one, two or three grains for children, for young children, and rarely over twelve or fifteen for adults. The salt is dissolved in syrup and given in milk after meals.

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TUBERCULAR CONSUMPTION. IS IT EVER HEREDITARY?—*Boston Med. and Sur. Journal.* Dr. Didamas' paper concluded as follows: 1. Tuberculous disease is not inherited. 2. That if a special tendency to the disease be transmitted, the term liability better expresses the idea. 3. Poor food, damp and impure air, stinted sunlight favored the development of the disease.

It is highly improbable that a living germ of any nature reaches the fœtal circulation. Dr. Johne, a scientific veternarian in Europe, claims, however, to have found the bacillus of tuberculosis in the lungs of a fœtus of a calf, found in a cow slaughtered whose lungs were tubercular.

RELATIVE PROPORTION OF EXPECTORATION AND BACILLI IN CONSUMPTION.—*Revue de Medicine.* Dr. Zenkevitch shows: 1. That the quantity and quality of the expectoration have no influence upon the quantity of bacilli. 2. The statistics given, Balmer, Praentzil and Pfeiffer, to show that during the last days of the patient's life, the quantity of bacilli attains a maximum, are far from being exact. 3. The amount of bacilli in the expectoration does not depend upon the extent of the pulmonary disease. 4. It is proportional to the degree of fever, which also depends upon the rapidity of the destructive lesions of the disease. 5. Bacilli do not have their origin in the expectoration, whence they penetrate into the pulmonary tissue, but the contrary fact obtains. The statement that they develop mostly in the pulmonary parenchyma, is at least very doubtful. This last conclusion is far from being clear.

TREATMENT OF CASES OF IMPERFECT AND PAINFUL SWALLOWING.—*Practitioner.* Dr. J. P. Bullar attracts attention to a much neglected point concerning the nutrition of such cases. After tracheotomy in children, for example, where fluid food often enters the larynx and is coughed through the tube; or in diphtheritic paralysis, an adequate regular supply of food may be secured by introducing it through a rubber catheter passed through the nose into the stomach. A No. 4 should be used, well anointed with vaseline. "There was little if any discomfort; the children often hardly woke while the tube was passed, and fell asleep immediately after it was withdrawn; and in cases where the children resisted the passage of the tube,

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it was invariably found that they had more rest and were less exhaustive than when constantly fed with a spoon." I need not say how often it is that all hopes of saving a child's life rests on two elements—physical rest and thorough nutrition; how seldom on drugs.

TREATMENT OF LARYNGEAL TUBERCULOSIS WITH LACTIC ACID.—Dr. Krause, Berlin, *Berliner Klin. Vochens.*, No. 29, 1885.

If the statements of Krause are to be credited (he is a well-known specialist in Berlin of the highest standing), a new era has dawned in the treatment of this hitherto incurable malady, this absolutely fatal prognostic sign. Von Mosetig had already published his reports of the successful treatment of lupus in the skin by concentrated lactic acid. It occurred to Krause to try the remedy against laryngeal tubercular lesions. Thirteen cases, concerning whose nature there could rest no doubt, were selected. He at first used a ten per cent solution, but soon increased its strength to even eighty per cent. It was applied as other strong remedies are, by means of sponge or cotton, and like them exerted often a glottic spasm, heat, dryness or pain, especially if healthy mucous membrane were touched. These symptoms lasted, however, but a short time. Paleness and retraction of red and swollen regions at once followed. An eighty per cent solution produces a crust over the tubercular ulcers, after the removal of which healthy granulations are seen.

This is not the place to describe all local changes ensuing on the application of lactic acid in the tubercular larynx. Suffice it to say that cicatrices took the place of ulcers, reduction of infiltration occurred, secretion was diminished, and all difficulty in swallowing abolished. Krause claims that at least the progress of the disease can be arrested, and admits that sufficient time has not yet elapsed to determine whether an actual cure has been established.

It is to be ardently hoped that recurrence will not happen. No sadder spectacle can be presented than that of a man slowly starving rather than suffer the exquisite agony of swallowing, which is in many cases a feature of laryngeal tuberculosis.

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A NEW BINAURAL STETHOSCOPE.—*Medical News.* November 7th, Dr. Wm. A. Edwards, reports that Professor Osler has had a binaural stethoscope constructed which presents the following advantages: 1. Its lack of bulkiness. 2. Its property of disarticulation, rendering the instrument about the size of the ordinary simple stethoscope. The other advantages named by Dr. Edwards are those common to all binaural stethoscopes. Mr. Leslie, surgical instrument maker of St. Louis, sent me one for trial several weeks ago. I would add to Dr. Edwards' observations a far more important one, namely: that there is less "buzzing" produced in the ears by this instrument than any other I have ever tried of American make. I have used an instrument, specially made for me in London ten years ago, which in this respect is far superior to any other I have ever tried of American make. But I must admit that the one of which Dr. Edwards speaks, is its equal in conductivity, in freedom from buzzing, and its superior in lightness, portability and cost of purchase. I most heartily recommend it to those who propose to use a binaural as being by far the best instrument in the market. It is to be hoped that the makers will add durability to its scientific claims. It is called the "University Stethoscope" by its maker, Mr. Yarnall, of Philadelphia.

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ARTICLE LXXIII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

Taken by the JOURNAL'S Stenographic Reporter.

SATURDAY, November 14th, 1885.

DR. ATWOOD, President, in the Chair.

Dermoid Tumor of the Conjunctiva.

DR. POLLAK presented patient and read paper detailing a case of Dermoid Tumor of the Conjunctiva.

DR. ALT.—This is certainly a very interesting specimen; but these tumors of the cornea are not quite so rare as might appear. Rebach, of Prague, who was the first to report congenital tumors of this kind, and gave them the name of dermoid tumors, has already reported some forty cases and that was forty years ago. Since then quite a number have been reported and removed. I have had occasion to examine four microscopically. The tumor consists, essentially, of skin tissue, which has subcutaneous tissue underlying it; and, in one case, I found a large quantity of fatty tissue. The removal of the tumor is very easy and is not followed by any disagreeable consequences whatsoever. It is a strange thing that only one hair exists in this tumor, because they usually contain quite a number and frequently two or three hairs spring from one bulb. I suppose, however, there are very fine hairs there which can not be seen with the naked eye. The hair on these tumors generally is not as coarse as that found on other parts of the body. I think it would be advisable to take the tumor out.

DR. POLLAK.—Can you account for the hairs being sometimes white and sometimes black?

DR. ALT.—No, I would like to see that, however. There was one thing that I noticed, that is the white peripheral ring of the tumor, which is certainly a fatty degeneration of the tissue.

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DR. WILLIAMS.—Some years ago, at Cincinnati, we removed quite a large dermoid tumor from the cornea of Dr. Ayres, of that city. It grew on the outer margin of the cornea, was quite large, but there were no hairs growing from it. It was skinned off close down to the substance of the cornea and completely removed. The doctor speaks of the danger of removing tumors of this kind from the cornea. There is none unless the operator cuts down into the substance of the cornea and cuts through. When I was in Germany some years ago I remember seeing a calf's eye presented at the clinic of Professor Arit, the cornea of which was completely covered with an immense number of hairs, larger even, than the hairs on the body. Of course it was congenital.

Undetached Placenta.—Hemorrhage.—Death.—Specimen.

DR. THORNTON.—I have a pathological specimen to exhibit. The history of this case is as follows: Yesterday morning at about 9 o'clock, Dr. Bernays, Sr., was called to see a woman who had been delivered of a child and was dying. He went at once and found the woman dead with the child lying close to her crying. A midwife had been in attendance and had just left, saying she would be back at 12 o'clock. The woman began to bleed just after the midwife left. He asked to see the placenta and they showed him this cord and a piece of placenta which I have here to which the cord had been attached. He at once notified the coroner of the case, who performed the post-mortem and found that a large portion of the placenta had remained in the uterus. I have here the entire uterus, which shows the portions of the placenta still adherent to it. It seems that the midwife got hold of the cord and pulled it away with a small portion of the placenta and then left, and the woman bled to death.

DR. MEISENBACH.—The case presented by Dr. Thornton has a few points of interest to which I would like to call attention. The first point is, whether it is possible that a foreign substance which is retained in the uterus, such as the placenta, could be got rid of by the uterus itself. In this case there is no doubt that the placenta was adherent and that the midwife probably tried very hard to get it away by pulling on the cord. It is possible, by using Crédé's method, to pro-

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duce the expulsion of the placenta without any injury. It is a practice among midwives, whenever there is anything obstructing the contraction of the uterus and the efforts of nature are not sufficient to supply the same, to administer the fluid extract of ergot. Within the last year it has been my fortune and sometimes my misfortune to came across such cases. What I wish to call particular attention to is this use of ergot by midwives. They employ it indiscriminately without any reason, without any cause, they employ it in cases where it is uncalled for entirely. Whenever there is no contraction of the uterus, they are in the habit of giving it. Almost all the cases I am called to, or most of them is where midwives have managed the case, either there is an obstruction of the passage, due to some malposition, or due to retained placenta, and in almost all these cases they give ergot. This practice ought to be stopped; a great many woman's lives are sacrificed in just this way. In a few other cases that I have in my mind, ergot was administered where it should not have been given. In one case I remember the os was not yet open and the midwife gave ergot; when I arrived there I found the os of such a size that I could not get my little finger in, and even under the use of chloroform I had hard work to dilate it. Another case that came under my observation a little while afterwards, was, where there was a dense bag of water almost filling the vulva, where the midwife gave ergot instead of using her finger nail, and rupturing the bag. The indiscriminate use of ergot, seems to me, is the means of killing more women than a great many other factors which enter into the act of parturition, and the class of midwives that we have to deal with ought to be put under strict regulations. There should be a law to govern the practice of midwives one hundred fold more strictly than that which governs the practice of physicians.

DR. A. GREEN.—That any medicinal agent capable of doing good when judiciously employed, can do mischief when injudiciously employed, is a matter of course. Ergot may do a great deal of harm, but I would like to ask where the great danger lies in administering ergot after the delivery of the child? All it can do here is to cause an hour-glass contraction. You must not forget the difference between the condition of the patient when the child is not yet delivered, and when it has been

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been delivered. Of course, we have another way of treating the patient; we may get our hand into the uterus and deliver the placenta, but here the question arises: which is the greater danger, to have an ignorant midwife put her hand into the uterus, or for her to administer ergot? We all know that it is dangerous enough to have some ignorant physicians put their hands into the uterus for the purpose of removing the placenta.

DR. LOVE.—I think the main point in regard to the introduction of the hand into the uterus may be taught the midwife, and I am of the opinion that it needs to be taught to some physicians as well, and that is cleanliness. But there is an illustration of the great danger of ergot over the hand, properly applied, in a case which I will relate, which came under my observation only a short time ago, out in the Rock Springs neighborhood. The woman had been in labor for twenty-four hours and the midwife had been there that length of time. I was sent for and found the woman in condition of collapse almost. I saw upon the mantelpiece a bottle of ergot, which you generally see when you find a midwife in the room, and I told her I supposed she had given her some of it and she said "yes." I then made an examination and found the arm of the child protruded; it was black and almost gangrenous. How many hours she had been in labor, God only knows. Assistance was summoned but I felt it was futile, that the woman would die; she died a few hours afterwards, never rallying from the shock. She died from ergot; she died from non-interference, non-manual interference. I would not refer to this case if I had not heard it remarked by a physician looking at the specimen, that nobody could have done better, that the midwives are abused by the doctors whenever they get a chance to do so. I know that the experience of physicians and the experience of many of them that are brought more closely in contact with midwives than I am, is, that they are a great danger in this community; that there ought to be something done to protect helpless women in their hour of peril against these midwives, against the meddlesome midwife, against the ignorant midwife, against the midwife that assumes a knowledge which she does not possess, and rushes in where angels fear to tread, or lets the golden opportunity pass when the patient

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could be helped or saved as in this case. If a physician had been in attendance the placenta would have been properly removed and the hemorrhage controlled. It might not have been, but we certainly know that it is culpable, criminal carelessness for anybody to jerk a part of a placenta out by the cord and leave the woman to bleed to death.

DR. A. GREEN.—This did not touch my point; I want to know, and I am always willing to learn, where is the great danger of ergot where the child has been delivered?

DR. ATWOOD.—The danger would be, relying upon the method at the time when manipulations with the hand alone would suffice to bring away the placenta, and by leaving them to drag away a portion of it through culpable ignorance. The physician cannot rely upon ergot, upon the tampon, or upon brandy and laudanum, there is nothing to be done in some cases save the introduction of the hand and the removal of the retained placenta. Of course, all of us have had more or less experience with these very troublesome cases. I remember several occasions I have been subjected to that desperate feeling which characterizes the physician when he feels that his patient is in the near proximity to death. In regard to the matter of the ignorance of midwives, I have not had much to do with them. I would call the attention of the society to the fact that at the last Legislature deeming that regulation of the practice of medicine in Missouri and establishing the State Board of Health, did not fully cover the ground; it was proposed that an act which required that midwives should be subjected to a close and careful examination before the Board of Health, before they could practice medicine within the limits of the State of Missouri, should be passed. This was for the reason that there was a defective clause covering that point in the original bill, which made it possible for any woman who had practiced five years, to engage in practice without any examination. But this act failed to pass and the midwives are still continuing killing people of the State together with the quacks and advertisers, all because the members of the Legislature that should be interested in maintaining the health and good of the community, do not realize the importance of the matter.

DR. FRY.—There is one fact in connection with this case that I would like to call attention to, and which seems to

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show carelessness, leaving the question of whether it were possible to readily, or possible at all to detach the placenta from the uterus. The fact remains that the portion of umbilical cord attached to the placenta had been tugged at until it was pulled off. Now I am not particularly posted as to the authorities on the subject of midwifery, but I think that the gentlemen present who come in contact with midwives will support me in saying that it is a frequent practice with them to hang to the cord and pull for dear life and pull the placenta out if it will come with it, or if not, then to pull the cord out itself. This is carelessness if not ignorance. My practice in this line has been limited. I have several times, or I might say frequently, of late, been called in to cases where midwives had preceded me, and twice in cases of retained placenta, where the cord had been broken off and it interfered considerably with my manipulation.

DR. HENDRIX.—I have here a small specimen. I was called to see Mrs. B., who stated that she had lost much blood within the last few days, increasing greatly since 5 o'clock this evening. On introducing my finger into the vagina I found the uterus somewhat dilated. I returned home and got a Barnes' placental or abortion forceps, a curette, a Knott's speculum and a reflector. It has been my practice since 1879, to remove placenta immediately after a miscarriage, and I did so in this case. I use a Knott's speculum to dilate the vagina and bring the cervix into view. I was taught when a student, that in making a digital examination of the vagina, to take my eye on the end of my finger, but I never allow that to substitute the natural eye, if I can possibly use the latter means. With the speculum I expose the mouth of the uterus and gently introduce the forceps closed, until they pass the internal os as near as I can guess, then I push my thumb down between the handles until I dilate them to the extent which I can do without much force, and then push them well up until they come in contact with some obstruction. I then close and withdraw them and probably bring out a portion of the placenta. I repeat this operation as long as the blood continues to flow or pieces are brought away. After having removed, as I think, all of the placenta, I wash out the uterus until the water which flows back is no longer colored by the blood. I then leave my patient, feeling that

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she is safe from hemorrhage at least. I have always observed that the empty uterus will not bleed, whether it be in natural labor or in a miscarriage, and I always remove the placenta immediately with the hand, in every case of labor, where danger is imminent. That has been my practice for years. Of course, I am always careful to have my hand thoroughly cleansed, and I feel that in a great many cases I have avoided trouble by introducing it as soon as the child is born. In some cases I do not even wait to tie the cord, but as soon as the child is breathing and pulsation has ceased, I introduce my hand and take out the placenta. While the parts are dilated the sensibility seems to be obtunded, to such an extent that no disagreeable sensation is experienced by the patient in the introduction of the hand. I would say with regard to removing the placenta immediately after a miscarriage, that in tearing it loose from the walls of the uterus, small portions are sometimes left which may develop as tufts, and subsequently give rise to hemorrhage. This latter trouble may be controlled by means of the curette. In my early practice I used the tampon frequently but unsatisfactorily, hence, I adopted the method I now employ. I have never had a case to die, or to develop peritonitis, except one, since adopting this measure and that I think was brought on by the patient herself sitting on the cold water closet the next day after the miscarriage. She developed peritonitis, from which she recovered finally, but she had a long illness. I am not prepared to say just now in how many instances I have used this method. I attend to many such cases, sometimes three or four a week and often more. I seldom make a second visit in such cases, finding it to be unnecessary.

Dr. Blount.—I am rather astonished at the teaching of the last two gentlemen who have spoken. I have listened many a time with astonishment to the advice to use forceps and deliver rapidly and deliver the patient in short order without giving nature a chance. Now it has not only been advised that we do this in regard to the child, but also in regard to the placenta where there is hemorrhage, and there is some of the placenta remaining attached to the uterus. There is no question of the advisability of removing the placenta properly by the hand, but to take up a case of labor as soon as your child is born and introduce your hand and grasp the placenta and

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twist it off and pull it out, is rather a summary mode of proceeding. I think if nature will deliver the placenta it is preferable, and I would like to hear the gentlemen who have had more extended experience, as to whether the Society indorses the teaching of bringing away the placenta quickly when no hemorrhage has occurred.

DR. ROWLAND.—For a number of years past I have delivered a good many women and as the gentleman suggested there seemed to be a considerable difference of opinion as regards the use of ergot, and also as regards the proper time to remove the placenta. I have not had cause to change my practice since I began the practice of medicine. My custom has been to ask the woman if she has been subject to hemorrhage after delivery. I like to know that fact. After the delivery of the child or about the time of its delivery, unless the contractions of the uterus are active, particularly if I have cause to fear hemorrhage, it has been my practice to give a moderate dose of the fluid extract of ergot. I do not give it in large doses, half a teaspoonful I think even to be too much, it generally renders the contractions somewhat active if they are sluggish. After the delivery of the child it has been my custom to wait for a time before introducing my hand into the uterus. I prefer not to do that when I can avoid it. I think it is best to wait from ten to forty minutes. I have rarely failed by making slight traction on the cord in the direction of the strait of the pelvis to bring away without difficulty the entire placenta. If there be hemorrhage at all which promises in any way to be alarming I introduce my hand well up to the fundus and scoop the placenta off, a matter in which I have generally found very little difficulty. I have never had any great difficulty in these cases; I never lost a case by hemorrhage in childbed, and I have never had cause, after having watched the effects of the ergot very closely, to find fault with it when given in small doses just about the time of delivery or just after. It may not be necessary, at the same time I do it as a matter of precaution. My objection to the introduction of the hand into the uterus would doubtless arise in the mind of almost any physician; in the first place there is danger, if the hand is not very clean, of doing mischief in that way, and in the next place, where nature will do its own work in any

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manner and more especially in this, I have found it good practice to allow it to do its own work as far as possible.

DR. HENDRIX.—I intended to make myself understood as saying that only in cases accompanied by hemorrhage is it my practice to do this.

DR. HULBURT.—The impression which I had and which some of the other gentlemen had was, that it was in all cases and under all circumstances. Of course, I do not think there is any room for argument on this point, where there is necessity for the introduction of the hand, I think it should be done. The practice that I pursue in this matter is never to introduce my hand or finger unless I think it is necessary. I generally manipulate on the outside, and if on examining the placenta I see it is coming away naturally and everything appears to be all right I never introduce my fingers, even into the vagina. There is one point in regard to the case presented here by Dr. Thornton to-night that has not been noticed. On examining the part of the placenta that remains in the uterus we find a considerable part of it is detached, only the upper part being adherent and it seems that it could have been readily separated. I suspect the reason that that placenta was not delivered was simply because nature was not assisted in the proper manner. If you bear in mind the mode in which the placenta is delivered, the slipping that it undergoes loosening itself from the lower segments first, and the fundus last, it would be seen that this uterus had not contracted sufficiently to expel the upper segments of the placenta, and I feel very well satisfied that if Crédé's method had been followed with the ordinary method of traction on the cord that the woman would have been safely delivered of the placenta. It does not appear to be an adherent placenta by any means. I remember one case in which I can conscientiously say that the placenta was adherent, which I am thoroughly satisfied it was so, because I actually dug it out of the uterus with my finger nails and I did not take it all out finally, there being still a portion of the membrane left in the uterus. It seems as if there had been an inflammation all about that uterus, in which it had become adherent. I was fully half an hour working to get the placenta out. The third day after delivery the woman commenced to have hemorrhage and I then curetted the uterus and stopped it very shortly afterwards. I also use

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the same method that Dr. Hendrix does in washing out the uterus until the water comes clear.

DR. MEISENBACH.—I would like to ask Dr. Hulbert whether at the hospital he makes use of any antiseptic solution before he makes an examination?

DR. HULBURT.—The practice which is pursued with all our patients at the Female Hospital is this: At the introduction of labor we generally bathe the patients and place them in the lying-in ward. We then use the bichloride of mercury and carbolic acid for the purpose of washing the instruments and hands before making any examination. We do not use a vaginal douche before labor unless there is leucorrhea or something of that kind which makes it a matter of necessity. Immediately after the delivery of the placenta the patient is given an injection of the bichloride of mercury 1 in 4,000. She is then made comfortable and clean and placed in bed and is given her ergot mixture which consists of the fluid extract of ergot and tincture of nux vomica. We also practice Crédé's method for the expulsion of the placenta, and after the woman is delivered and thoroughly cleaned and placed in her bed she is again given the second injection and the second dose of the ergot mixture, and from that time on she is given three injections every twenty-four hours and three doses of the ergot mixture until about the fifth or sixth day; and that is the routine practice of the female ward.

DR. ATWOOD.—I venture to assert that a grander work of supererogation or a more useless piece of labor was never performed than that which is adopted at the Female Hospital. I do not believe there is the least bit of sense in it. I think it is a custom which ought to be discontinued. I think more danger will result from the adoption of the method which the doctor has described than if it were left alone.

DR. HULBURT.—I simply call the doctor's attention to the record of the Female Hospital as far as that department is concerned, in the last two years and the record of the institution in years past in which the method was not followed. I simply mention this, not in the spirit of criticism, but as an argument in favor of this method.

DR. ATWOOD.—I say nothing as regards the use of this method in hospital practice exclusively, because that is something about which I have had very little acquaintance;

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but I have been in the practice of medicine for more than thirty-five years and I have done a large practice and I have never found the necessity of any such system. I can not remember losing a case of obstetrics. I do not see why women can not, by giving them proper treatment, get along without the injection of carbolized water or solutions of that character.

DR. PREWITT.—It seems to me that the discussion has wandered some from the specimen presented here to-night. We have a case where a woman is reported to have died from hemorrhage. The question is, who is responsible for that death, why did she die or why was she allowed to die, if it is possible to prove it? It is very plain that an ignorant midwife dragged at the cord until she pulled off a portion of the placenta. In the first place dragging at the cord was very wrong. The process ought to be commenced at the other end. I was going to say Crédé's method is infinitely better since it detaches the placenta by that process. If there is an adherent placenta it can not be detached by pulling at the cord. A loose placenta may be dragged out in that way. The more it is pulled at the more likely is hemorrhage to occur, because you will tear off a portion and leave the patulous blood vessels in the uterus. The misfortune is that we have midwives, and the same may be said of a great many doctors, who are not prepared to meet the emergencies which obstetrical cases present, and midwives must be infinitely less prepared than the poorest physician. Who teaches them, where do they learn? A great many of them do not know anything about it. If they meet with a case of natural labor—and by the way, I was going to say that I have almost come to the conclusion of late that there is no such thing as a natural labor, because if you read the reports of obstetrical and gynecological societies you will see there is no such thing as natural labor, as there is interference at every step—but as I say, if a midwife meets with a case of natural labor, she will succeed in emptying the uterus. Now in this case, if she had been properly instructed or an intelligent physician had been present, he would have introduced his hand, pulled out the placenta and the bleeding would have stopped immediately, but ergot might have been given to assist the contraction. If it was established as a rule that ergot was not be used until the uterus was empty, we would have less danger from its use. It never should be used

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while the child is in the uterus and it is doubtful whether it should be used while the placenta is there, certainly not except as an aid to other measures. I must say that I think the process of expression is infinitely better than the introduction of the hand when it can be done, and it can be done in the great majority of cases. Crédé's method of expression of the placenta will prove sufficient in the great majority of cases where the placenta is not adherent. There are cases which are properly called adherent placenta, in which the placenta is very difficult to detach, where there is something more than the ordinary relationship between the placenta and the walls of the uterus. It is very probable that some process has been going on before, of an inflammatory character, so that the placenta becomes intimately adherent to the walls of the uterus. In such cases the whole condition of things is changed and in that case it is extremely doubtful whether there would be great harm done by leaving a portion of it. Hemorrhage might occur, but it is not so apt to because of the very fact that when this sort of adhesion takes place there are apt to be blood vessels left that would nourish the part that was left, in such a way that we would not have decomposition. We might have in that way an absorption of the portion left or it might become part and parcel of the uterine wall where there was such an intimate union as that.

DR. HULBURT.—I would like to ask Dr. Prewitt, if he does not mean and confine himself strictly, when he says adherent placenta, to those cases in which there is an organized union between the placenta and the uterine walls?

DR. PREWITT.—Certainly, that is what I mean. I do not think it is proper to call it adherent placenta, simply because it has not been detached from the uterus. The placenta does not ordinarily detach itself until there is some contraction. I would not call that a case of adherent placenta.

DR. HULBURT.—I am satisfied that we frequently call placentas adherent that really are not so. It is a rare condition to find an adherent placenta. We are all apt to be deceived in regard to what is adherent placenta. Of course, when the placenta does not come out of the uterus it is presumptive evidence that it is adherent. The doctor's remarks in regard to portions of the placenta which may be left, and the advisability of leaving them there when they are strictly adherent,

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are sound. The only danger we have is some possibility that some anastomosis between the placental tissue proper, underlying the vessels that have been produced there for the support of this placental tissue, may be so great as to result in very great hemorrhage. Under such circumstances there is no contractile tissue to come to the relief of the hemorrhage, and such being the case, it seems to me to be good practice to entirely remove these portions of adherent placenta, if possible.

DR. A. GREEN.—I have seen several placentas where there was not only a morbid adhesion, but there were bands connecting it so that I had to use my nails to cut them through. When I am called to deliver a woman, I always ask her if he has ever had adherent placent; if she says "yes," I do not wait longer than ten minutes. After that period of time, I put my hand into the uterus and deliver it. If she has not been subject to adherent placenta, I try other means, and wait half an hour or so, and make use of other means; if I fail at the end of that time, I would then put my hand into the uterus and deliver the placenta.

Compound Fracture of Skull.—Specimens.—Presentation of Patient.

DR. HENDRIX.—I have here some small specimens of bone which I removed from the skull of that little girl, who is between four and five years old. On the fifth day of April last, early in the morning, I was called out hurriedly to see her. The messenger, her brother, stated that another brother, in a fit of anger, had thrown a hatchet at him; he stepped aside and it hit the child on the head, crushing part of the skull. When I was called in everything was in a state of confusion, the floor was all wet where they had been throwing water, I believe, and the mother was sitting crying, with the child in convulsions, across her lap. It seemed to be a very severe convulsion, and I thought probably the child was dying. In passing my hand over the scalp I found that there was a great depression in the skull. I took a little blunt hook that I had with me, and inserted it between the fragments and attempted to elevate them, but the little hook

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broke and I made no further attempt. I went away and obtained the proper instruments and some assistance, and, about four hours after the accident, I found the brain oozing out, considerable blood and bloody water trickling down from the wound, so I made an incision over the lower fragment, at right angles with the main cut. I removed it with my fingers after dissecting up the pericranium together with the skin. I took a bone elevator and lifted the other fragment in position and allowed it to remain there. My intention when I first began the operation was to elevate both fragments in position and leave them, but finding this impracticable, because in raising them I discovered that they were detached at their outer margins, and were almost at right angles with the sound skull, the lower edges resting in the substance of the brain. I should have mentioned that the convulsion passed off in a few minutes after I got into the room and did not recur. I then dressed it with powdered iodoform and had a cold water cloth laid over the wound. From day to day I observed the case closely and saw no bad symptoms arising except a slight weakness in the left hand and leg, on opposite side of the injury. There is no such trouble as that now, however. She has made a good recovery. About the 5th day, in looking into the wound, I saw there what seemed to be a deposit forming at the site of the rent in the dura mater and up to that time the brain had been oozing out. This deposit continued to increase and to fill more and more of the chasm until the opening had closed, and the cavity filled with what seemed to be a fungous growth. After, it accumulated to such an extent that it was considerably elevated above the scalp and out of this fungous-like mass projected the piece of bone which I had left in position and which has been absorbed to a very great extent. I removed it and, from time to time, I used the nitrate of silver for the purpose of taking off the superabundant granulations and it healed very nicely. A few days ago, when she came to my office there was an elevation an inch and a half from the original wound. I found, on closer inspection, that there was a small piece of bone projecting, which I removed. I do not know why this piece of bone came away, whether it was loosened at the time of the fracture, or whether the nutrient artery which supplied the part was cut off, causing death of the bone.

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SATURDAY, November 21st, 1885.

DR. ATWOOD, President, in the Chair.

Intussusception of the Entire Colon.—Specimen.

DR. THORNTON.—The history of an interesting case of intussusception involving the entire colon, which occurred in the practice of Dr. Bernays, Sr., is as follows: On Saturday night he was called to see a child suffering with hemorrhage from the rectum which was considerable. When he got there the hemorrhage was over. He supposed it was a simple laceration of the membrane and left. On Sunday morning he called and found that there had been a little bloody serum passed. No action of the bowels had taken place since this hemorrhage and he gave a dose of castor oil, and perhaps five or six injections were then made which came away uncolored. On Tuesday calomel was given but there was no action of the bowels. On Wednesday there was stercoraceous vomiting. On Wednesday night the child died. On Thursday we performed the post-mortem examination and found an intussusception involving the entire colon.

DR. A. GREEN.—Did the hemorrhage of the rectum come on suddenly without the child being previously sick or complaining?

DR. THORNTON.—The child had been playing around all day and was not sick at all, the hemorrhage came all of a sudden.

DR. A. GREEN.—The practical point in such cases is not to give castor oil or anything of that nature until we are satisfied that there was no intussusception. Of course, if he had known that there was intussusception he would not have given a cathartic, especially castor oil, nor would he have given an injection. He might have injected air which would have a tendency to overcome the intussusception; but if he found that this was unavailing he would probably have operated. There is another point and that is, when we are called to see a patient, especially a child, who has had hemorrhage

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without tenesmus, if we have nothing to show what is the nature of the case, if the hemorrhage occurred all of a sudden it should lead us to suspect that there might be intussusception, and lead us to act cautiously and not give cathartics but to try injections of water or air. That is the point that I wanted to suggest in this case. In the first place the very suddenness of the attack is the principal point here that ought to lead us to suspect that there was some mechanical obstruction.

DR. THORNTON.—The cathartic was not given until the third day. When the doctor called the hemorrhage had stopped and the child seemed to be doing very well. On the next morning there was a little bloody serum; nothing was done then. On the morning of the third day as there had been no action of the bowels and the child seemed to suffer, a little castor oil was given, and as an action did not take place, injections were given. The castor oil was retained and no vomiting occurred at all until just before the child died.

Amyloid Kidneys—Rudimentary Kidneys—Specimens.

DR. HULBURT.—The patient from whom these specimens were taken was admitted to the Female Hospital a month ago. She was a colored woman between 35 and 40 years of age and had given birth to four children, two male and two female, two of which lived. When she was brought to the hospital a diagnosis of Bright's disease of the kidney and valvular disease of the heart was made. There was also found an opening above Poupart's ligament on the right side, a sinus, at least an opening from which a discharge passed, and the patient said she had had a bubo there. There was no particular attention paid to this as she was in a very serious condition. She died about a week ago. At the post-mortem examination we found that the diagnosis was verified as far as the heart and kidney were concerned, at least as far as she had any kidney at all. We have here a large white kidney and it was the only kidney she had practically. The ureter was found to be dilated until it was large enough to admit the end of the little finger, and through the opening into the bladder you could pass the ordinary male catheter without any difficulty. Upon the left side, when I first started to search for the left kidney I did not find it and tore the peri-

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toneal covering away from that part where it ought to be and got down into the connective tissue there and found an irregular shaped piece of tissue, which I hardly know how to describe, lying where the left kidney ought to be. This you will find here. It is a rudimentary kidney. It has a fairly good ureter passing from the pelvis. This was flattened out very much with serrated edges. I traced the ureter down as far as where it passes over the psoas muscle and there lost it. There was no opening into the bladder. I dissected out the kidney and found no opening into the ureter, but where this should have been there was a slight depression. Upon investigating further we found a very interesting condition of the uterus.

Double Uterus—Specimen.

We have here a bifurcated or double uterus in which the right uterus is the only one that has been impregnated. The other, which is fully developed with a good cervix, has a very small opening through which you will see the probe has been passed into the cavity of the cervix of the other uterus. The cervix as you see has a single opening into the vagina. The opening from the uterus that lay outside the vagina is very small and I had a great deal of difficulty in getting this fine hairpin through it. I would state there are two fallopian tubes, one to each uterus. We found the sinus opening in upon Pourpart's ligament was connected with a very large pelvic abscess that had started at the broad ligament and had grown until it passed over the edge of the pelvis and opened through the abdominal wall. The walls of that were exceedingly thick and hard, almost like rock. The cavity of the abscess was not very large, it would not hold more than three ounces altogether. This patient in addition had tertiary syphilis, in fact, there were few parts of her body that were not affected in one way or another. She gave a history of having this kidney trouble for nearly two years and having had a great deal of trouble with her bladder; and she stated that she had had cystitis for the last six or eight months. She said she had been passing pus constantly all that time and had been under treatment for that trouble. The specimen as far as the uterus is concerned is one which we see in pictures, but rarely have an opportunity of seeing in the flesh.

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DR. BREMER.—I believe this specimen which has been exhibited is remarkable, perhaps from the fact that the double uterus is so well developed. I have seen several uteri bicornis but I never saw the uteri developed in such a remarkably perfect manner. As a rule there is only a septum dividing the two horns of the uterus, but here the development on both sides seem to be perfect. As to the kidney, that is evidently to be dated back to the fœtal period. There never was a well developed kidney there. The woman, in some way, probably received an injury while she was in utero and that injury probably caused the kidney to be arrested in its development. It is not a shrunken kidney but it is a stunted kidney. The fact that she only had one kidney would explain also the fact that she had a nephritis, because all the responsibility of removing the urea and other excretions was thrown upon one kidney. She had syphilis; she had a syphilitic hepatitis, and this in my opinion is nothing but a syphilitic interstitial nephritis, at the same time it is not old, it is in the commencing stage. And if it had not been for the fact that the woman only had one kidney I do not believe that this nephritis would have killed her. I have seen worse cases than that in persons who died from intercurrent disease and not from uremic poisoning as this patient seemed to have died. If this patient had lived long enough she would have had a shrunken kidney; there are evidences of atrophy at the periphery. In these depressions in one place there is actually an atrophy beginning; that is to say, the connective tissue which is now in the stage of hyperplasia has a tendency to shrink up forming dense connective tissue as had been the case in the liver; it is a peculiarity of the syphilitic affection. In the first stage we have a hyperplasia of the connective tissue and this hyperplastic connective tissue will afterwards undergo a shrinking process by which the elements of the parenchyma, the active elements of the tissue, will be shrunken and undergo an atrophy. This is the first stage of syphilitic interstitial inflammation. I will say, that a great many persons in the third stage of syphilis die from this trouble, from the interstitial syphilitic inflammation; it is a very common occurrence, and it passes under the name of Bright's disease.

DR. HULBURT.—When I took that kidney out of the sub-

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ject I considered it what I have been in the habit of calling a large white kidney, an amyloid kidney. I would like to ask Dr. Bremer to state whether there is any form of syphilitic degeneration which is like the waxy kidney?

Dr. Bremer.—The three conditions in which amyloid degeneration is found are: first the syphilitic, second tuberculosis, and thirdly in long continued suppurating disease. First of all stands syphilis; but we find the amyloid degeneration in the secondary as well as in the tertiary form of syphilis. Then in the second stage of syphilis we find an amyloid degeneration of the arteries. Now I believe that this not only takes place in the arteries but also in the whole connective tissue; because it is one of the concurrent affections of syphilis to produce amyloid degeneration or infiltration, because this is a modern acceptation of amyloid degeneration which cannot be called degeneration, it is simply infiltration, afterwards comes the affection of the parenchyma. I have no doubt that we will find an amyloid degeneration of the arteries here, simply because it is a syphilitic kidney, but there is at the same time an interstitial inflammation in consequence. Now there is this white appearance which is merely a newly formed proliferating connective tissue. Iodine reaction, I have no doubt, will show amyloid degeneration because it is syphilitic; and whenever there is syphilitic infection, especially of the kidney, there is as a rule amyloid degeneration.

Dr. Dibble.—I would like to ask the doctor one question. He speaks of Bright's disease of the kidney; I would like to ask if there is any differential diagnosis that he knows of whereby to determine when there is a syphilitic infection?

Dr. Bremer.—A syphilitic disease of the kidney may in the first stage be very mild, it may pass under the clinical picture of catarrhal nephritis. In that case, of course, we are apt to find red blood corpuscles, pus and casts of epithelium. In the latter stage, that is, where there is croupous nephritis of course we will find the casts. But I do not believe that from the clinical aspect of a case or from the microscopical appearance of a case you can make out the syphilitic disease. The post-mortem reveals that, and very frequently in the post-mortem there is nothing else necessary except the aspect of the kidney. In this case I suppose the

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diagnosis was settled by the lobulated aspect of the liver, which is quite characteristic; an experienced investigator can never make a mistake about a syphilitic liver.

DR. DIBBLE.—Some one called attention two years ago to the fact that in syphilitic cases where the diagnosis had been made there were a larger quantity of hyaline casts than where there was no syphilitic taint. In my experience with five cases where I knew the cases where syphilitic there was an unusual number of hyaline casts.

DR. BREMER.—I will say, as a rule, hyaline casts are looked upon as evidences of the mildest cases of croupous nephritis. I do not believe that they are in any way characteristic of a syphilitic kidney, because we find in children who have had scarlatinic nephritis, very frequently that they have these casts where there is no syphilis at all. As long as we find hyaline casts there is nothing to despair of, but as soon as we find these fatty degenerated casts, the amyloid casts, the case is hopeless, nothing can be done with it.

DR. DIBBLE.—I omitted to state that it was in the mildest stage of nephritis that we find these casts; that would correspond with the doctor's experience.

DR. BREMER.—I admit that the earlier stage of croupous nephritis, that is the mildest form of nephritis, may be amenable to treatment, still we find the hyaline casts. I do not see why they should not be found in the early stage of syphilitic nephritis.

DR. POLLAK.—Would the doctor be able to determine if this was a syphilitic kidney by the pathological appearance without any clinical history?

DR. BREMER.—I probably could not unless I were to make an iodine reaction and see if there was the characteristic amyloid reaction; if I then can exclude in the first place tuberculosis and in the second place suppuration of long duration, then I would say it is syphilis, because in these conditions only, as a rule, is amyloid degeneration found.

Hydrophobia.—Pasteur's Inoculations.

DR. BREMER.—I would like to know whether there is any gentleman present that ever saw a case of hydrophobia. I understand that at the present time M. Pasteur has a stock of eighteen hydrophobic patients that he is experimenting upon.

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Now that seems to be an enormous numbor to be in France, in one place from a country of thirty-six million inhabitants. As a rule, there are not so many patients to be found all over the country, and as soon as any case of hydrophobia manifests itself in any part of America we know it the next day by the telegraphic dispatches. I myself have seen one case of hydrophobia, and I would like to hear from the gentlemen present what is their experience as to the frequency of the occurrence of the disease.

DR. DIBBLE.—I have seen two cases and they both died.

DR. DORSETT.—About two years ago when 1 was night physician at the City Dispensary I received a telegram to send for a man who had symptoms of hydrophobia and he was brought down strapped in the wagon. He said he was going to have an attack in a short time and he did. There was opisthotonus and violent trembling of the body and frothing at the mouth throwing his head from side to side. He was sent out to the hospital about 10 o'clock that night and died before morning. About six months before the attack came on he noticed a dog that was in the yard snapping at the ducks and chickens. The dog was loose but had a chain to him, and he ran out and caught hold of the chain and the dog bit him right through the hand. He went to some physician, and the physician treated him until it healed up. The cicatrix was very plain in the hand; he was bitten through the palm.

DR. POLLAK.—I had a case, it must have been somewhere about 1852. A man going out into the yard found that his dog was biting his geese, and in trying to catch him he was bitten himself. He came to my office for the purpose of having me cauterize the place, which I did. I never saw him afterwards until nine weeks later when I heard of him. He was then under the treatment of the late Dr. Washington. Dr. Washington sent for me in consultation and I recognized the man who had been at my office nine weeks before. It was a pure case of hydrophobia. He would lay quiet for a few minutes when all at once the most frightful convulsions would occur. He was a very reasonable patient, and said: "Don't come near, I will strike you or bite you." He would not let anybody approach him. He was put into a sack and tied up tight and taken to the hospital and allowed to die.

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He wanted to guard his family from any accident. He would not be quiet until he was put into the sack and taken to the hospital. He lived about 24 hours. No remedy was of any use at all. That is the only case I have seen in a practice of over 40 years in this city.

DR. JORDAN.—Some 15 or 16 years ago, a widow lady who lived on Fifth street in the lower part of this city married a second time. Her husband came to me some two or three weeks before her confinement and said she had been acting singularly. I went to see the woman and she was confined three or four weeks after the time I first saw her. She acted very much like a patient with hydrophobia. Her husband when he came to see me had said that he was very anxious about his wife, and that he was afraid she was going to have hydrophobia from the fact that she had been bitten three or four years ago by a dog, although the dog was shot immediately after biting her. I examined her carefully and her actions were certainly very peculiar. I noticed her on several occasions when she attempted to drink she would catch hold of her throat but would finally get the glass to her mouth and drink. I gave her milk and sometimes stimulants, but whenever she took hold of anything that she was to drink, she would grasp her throat. One day when I called to see her, I first called upon a lady who lived next door, who was one of my patients, and I asked her how her neighbor was getting along. She said: "She has been very bad; I left the room because she tried to bite me; she was very bad." So I concluded it would not be safe to let her have her child. I had it taken away from her and kept away from her. I treated her with large doses of bromide to control the nervousness as much as I could, and after a sitting or two she seemed to go off to her normal condition. I have often wondered whether this was a case of hydrophobia. How she tried to drink water and wishing to bite her friends about her certainly would tend to prove it. There were blood blisters exactly at the point where the dog had bitten her.

I remember when I was a student in Baltimore of hearing Dr. Nathan R. Smith, say to the class one morning that he had been called to a case of hydrophobia. It was a gentleman who had been bitten by a dog that was known to have hydrophobia, and which had bitten other dogs and some

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horses; they had taken the disease. He stated that that was sixteen years before when the man was bitten. It was undoubted hydrophobia and the man died.

DR. HUGHES.—I have seen cases of puerperal mania displaying all the symptoms described by Dr. Jordan. And we have to bear in mind that there is a similarity to hydrophobia in lyssaphobia. And that when the fear of hydrophobia is prominent in a man or patient, and a powerful depressing cause is brought to bear upon the cerebrum sufficient to precipitate a pyschical disorder and spasmodic trouble, we may expect to find it manifested in symptoms something of that character. I have seen patients suffering from puerperal mania immediately following child birth, who attempted to bite persons about them, who refused water, who displayed spasms and who attempted to destroy their child. The effort to destroy the child is one of the most characteristic symptoms connected with these forms of mania, and it is never a safe thing to allow the newly born child to be about the patient who is taken immediately post-partum with insanity. I saw one case of hydrophobia when I was a student. The patient was under the care of Dr. Pope. Dr. Gregory also saw the case. I don't think it is such a very remarkable thing, considering the world wide reputation of Pasteur in connection with the preventive inoculation of hydrophobia and other similar vaccinations, that he should have that number of cases. You must know that Pasteur is sufficiently accessible and sufficiently known the world over to be reached by important cases within a very considerable area, and the daily press, telegraph and railroad brings them in easy communication with him. If you look into the daily press you will see that scarcely a day passes but contains a record of some case of hydrophobia. There is one in the paper to-day which resulted from lady a caressing a dog. Now these cases of hydrophobia are rather characteristic as leaving the intellect intact especially during the earlier stage. Aberration is not a characteristic of hydrophobia. The irritation seems to be about the floor of the fourth ventrical, and I suppose the trouble there and about the bulb accounts for the spasmodic display which follows the effort at swallowing, or the concentration of the mind upon the act of swallowing. The question was suggested whether Pasteur

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has really got those cases. I think quite probably among those there are these cases of false hydrophobia, simulated hydrophobia; but it may be possible that he has as many as eight cases considering his world wide reputation.

DR. PREWITT.—I have seen three cases of hydrophobia. The one to which Dr. Love refers was a patient brought to the City Hospital. I do not remember the date of the incubation in that case. I do not think the patient showed any violent symptoms such as have been spoken of; he did not try to bite anybody. I remember another case that I saw in which the period of incubation was, if I remember rightly, about three months before the patient died. This patient brought me his boy, and I noticed that he had a scar under the right eye and called his attention to it, and asked him something about it. He told me that a big dog three months before had sprung upon him and scratched him in the cheek with his paw, and I asked him if he was certain that he scratched him and he said "yes," the dog caught his hat in his teeth, and wounded him with his paw. A few days afterwards I was sent for to see the man and found him with all the symptoms of hydrophobia. I took his wife to one side and told her that it was hydrophobia, and the case was hopeless. The man himself never referred to the fact in any way. The most striking thing I saw was the spasm of the respiratory muscles, and he died in that way. There were none of those convulsions or symptoms of any attempt to hurt anybody or bite anybody, or anything of that kind. He was perfectly rational. He was a perfect type of health and vigor; a man about thirty years of age; and he was very quiet throughout the whole time of his suffering; he never lost his consciousness, as far as I can remember, unless it was a very short time before his death. He died with his family about him.

In the case to which Dr. Jordan refers, I can imagine it an hysterical case. It was probably not hydrophobia because the woman was bitten upon the arm, through the clothing, and experience goes to show that it is a very rare thing for a patient to be infected with hydrophobia, where bitten through the clothing, as it is the saliva that infects the patient, and this is wiped off by biting through the clothing. It is only where the patient is bitten on the hand or face, or some

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exposed part, that we would expect hydrophobia; and from the fact that Dr. Jordan's patient was bitten on the arm, through the clothing, would be prima facia evidence that it was not hydrophobia. But any one who has seen a patient with some haunting terror forever before them, can readily understand how a woman of a nervous temperament would develop under such a state, an hysterical something, that would look like hydrophobia. The woman, no doubt, had had the thing on her mind for years, or for some time at least, before she was taken with this peculiar attack. I saw a patient to-day, who had a little scale upon his lip; that a scab would form and come off, and another form and so on, and that he was so oppressed that it was the initial stage of cancer, that it was the last thing he thought of at night, and the first thing he thought of in the morning. As far as the period of incubation is concerned, I believe it has been stated that it may be as long as sixteen years, at any rate there are reports of cases on record in which the period of incubation has been from ten days to years. It is a very curious thing. I noticed in some of the experiments that M. Pasteur has made, he states that the period of incubation is fifteen days; that when he had taken the tissue of a rabbit, for instance, that had been inoculated, and inoculated another rabbit that each successive inoculation produced more virulent poison, and that as the poison became more virulent the period of incubation was shortened. Now, why the difference in the period of incubation bears any relation to the virulence of the poison is something that we do not understand. So far as we know, however, hydrophobia is the most irregular in its period of incubation of any of the infective diseases.

DR. ATWOOD.—In 1863, I saw a case of hydrophobia in a man who had been bitten through the coat sleeve by a dog, and he died of hydrophobia; and his son of about fifteen years old was bitten by the same dog a moment after the father was bitten, and he had the skin of his neck and side of his face torn off. Six weeks after that the boy presented himself at the clinic of the Sisters Hospital, and Dr. Pope submitted the case to us, and asked whether we thought it would be worth while to cut out the scar. The verdict was that we better leave it alone, as the disease had not developed in six weeks it was probable it would not develop afterwards.

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Statistics go to show that only one in twenty persons bitten by mad dogs get hydrophobia. I myself have been struck by the wonderful disparity in the cases coming under Pasteur's treatment, and those coming under the treatment of the profession in the United States of America. It does not seem to me possible that Pasteur can experiment upon as many cases as he has, when you recollect that the duration of the disease hydrophobia is rarely over twenty-four or forty-eight hours. How could he treat cases of hydrophobia by injections, hypodermically I believe, in such a way as he is reported to, when the duration of the disease is of such short duration.

DR. BREMER.—I would like to make a correction; he does treat the hydrophobia, but in a prophylactic way.. Every body that is bitten by a mad dog is sent to Pasteur right away. It is a question who makes the diagnosis. As a rule, the policeman makes the diagnosis of whether the dog is mad or not; it may be something else which is affecting the dog and not hydrophobia, it may be turpentine.

DR. COLES.—In France they are very particular in preserving statistics in regard to the number of persons bitten by rabid dogs. Every case of that sort is duly registered just the same as the deaths are in St. Louis. In France there are one hundred and twenty-five said to be bitten in the course of a year who have hydrophobia; of that number not more than ten or twelve develop hydrophobic symptoms.

DR. SCOTT.—A very interesting question is raised and one which interested me at the time I reported the case of this woman who died from hydrophobia. There were two of her children, a son and daughter, both grown. I believe the boy was fifteen years and the girl nineteen years old. They were bitten at the same time, but neither of them gave any evidence of hydrophobia. The question is, may there not be something in the person, some peculiar idiosyncrasy, which renders some more liable than others to this poison which produces hydrophobia. Now the mother of the children of whom I have spoken died of hydrophobia, she did not know that dog was mad, nor did any member of the family suspect it. I examined her carefully and concluded that it must be hydrophobia, as she was not a puerperal woman, so that could not be considered at all. There was nothing the matter with her except these peculiar symptoms of hydro-

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phobia. In order to confirm my diagnosis of the case, I asked the daughter to go with me into an adjoining room. I said to her, "Has your mother been bitten by a dog, that you know of, at any time?" She threw up her hands and exclaimed: "My God, doctor, don't tell me that, for myself and brother were bitten at the same time." There were spasms of the muscles of deglutition every time she tried to drink. She tried to convince her daughter that the diagnosis was not correct, and that she did not have hydrophobia, and therefore she would try to drink. She would take the water in her hand, and as soon as she would try to drink a shudder would come over her, and a spasm of the muscles of deglutition and she would pour the water out.

DR. BREMER.—Was not that tetanus rather than hydrophobia?

DR. SCOTT.—No, because a little while after that she had a tetanic spasm, that is what we have in hydrophobia.

DR. BREMER.—You can only make a differential diagnosis between tetanus and hydrophobia by the mental alteration. In tetanus there is full consciousness and clearness of thought.

DR. SCOTT.—This woman died in the City Hospital unconscious, and died in a spasm.

DR. BREMER.—This might occur in the case of a wound which may be followed by tetanus.

DR. SCOTT.—I grant that; but here we have first primary symptoms of hydrophobia, then she passed into a stage of unconsciousness and died in a spasm. When she died she was perfectly unconscious.

DR. DUDLEY.—How long after she was attacked?

DR. SCOTT.—About three weeks; the wound had healed up entirely. And now I will say this, the girl, as soon as her mother became ill, went to a druggist and had her leg cauterized. The boy was bitten through his clothing, the woman was bitten on her hand.

DR. PREWITT.—There is one point in connection with M. Pasteur's experiments that I do not think has been brought out, and the remarks that have been made hardly do him justice under the circumstances. In an article I saw a few days ago, it was stated that a boy had come to him from Alsace who had been bitten by a dog that was mad and it was agreed that he was undoubtedly doomed, so that under the

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circumstances Pasteur was perfectly justified in experimenting on the boy. The patient reached Pasteur fifteen days after the biting. Now that was a case in which it might justly be expected that the patient would die. Pasteur inoculated that boy time after time, until he inoculated with tissue he had taken from the rabbit the day before. In all the cases where he had done this before, the rabbits had died of hydrophobia in from the seventh to the eighteenth day, and yet he inoculated the boy, not one, but a number of times, increasing the strength of the inoculation by selecting new and stronger virus each time; and the boy showed no symptoms, and at last reports, one hundred days had passed without any symptoms of hydrophobia. Now it seems to me that this is a very strong argument in favor of Pasteur's experiments.

DR. ATWOOD.—I should think that by the time the boy got from Alsace to Paris he would have developed hydrophobia.

DR. THORNTON.—I would like to say that I have noticed Pasteur's experiments. I also read an article by a German professor on hydrophobia, and according to his account, none of the cases of hydrophobia that we have heard reported tonight were hydrophobia at all. He had seen cases that had been examined in Berlin, where the cases were still taken care of and the whole phenomena consisted simply of a hyperesthetic condition of the nervous system, involving the nerves of special sense. A gas light or any light at all would throw the patient into convulsions. If you spoke in a whisper the man would go into convulsions. If you touched him or pinched him in any way he would go into convulsions. He says that the fact that the patient can not drink water is not diagnostic at all.

DR. LOVE.—I saw a case presenting very much the same train of symptoms as the one reported by Dr. Prewitt, and in neither of the cases were the convulsions so violent as we so frequently hear. It seems to me that this investigation, this work of Pasteur is worthy of attention. I certainly think that he must labor under very great disadvantages in the matter of his investigation, in the matter of getting cases. I question the points that have been made against him by the German writer referred to. The investigations are certainly valuable, and as Dr. Prewitt has suggested, it seems to me that if the effect of the inoculation can be to soothe and quiet the mind of the individual that is bitten, and the inoculation is otherwise harmless, good is accomplished, just as Ferran has probably done good by the effect upon the mind.

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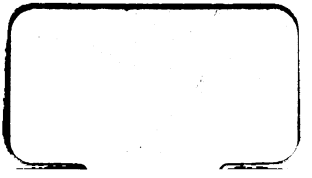

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